

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10501

53 10501

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN OLIVER

2. DATE
OF
DEATH

11-28-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
not in hospital or institution, give street address or location

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

30 YRS

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1434 Aisguth St

5. SEX

M.

6. COLOR OR RACE

C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9-21-1914

9. AGE (In years last birthday)

39

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BARLENDER

10B. KIND OF BUSINESS OR INDUSTRY

STAR DUST. CARE

11. BIRTHPLACE (State or foreign country)

VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

Ashlock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

CLARISSA OLIVER 1434 Aisguth St.

18. 416X and 022X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

RHEUMATIC HEART DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

LUETIC ANEURYSM

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

PULMONARY EDEMA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23. SIGNATURE

Joseph A. Juchimske

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11-28-53

24A. BURIAL, CREATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-1-53

24C. NAME OF CEMETERY OR CREMATORY

ARBOTOS MEM. PK

24D. LOCATION (City, town, or county)

ARBOTOS MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

FUNERAL DIRECTOR

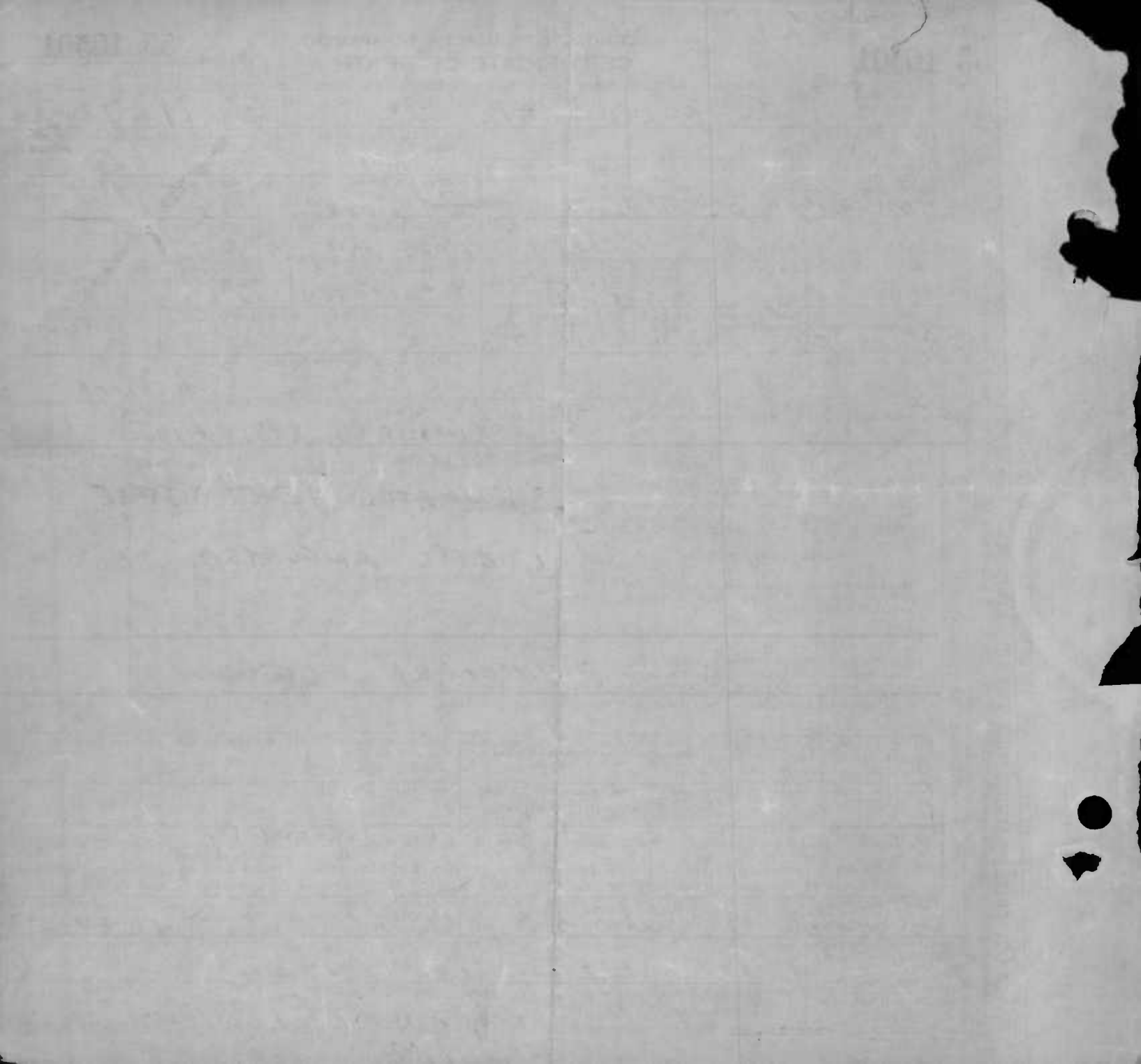
ADDRESS

1304 N. Conf

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 10502**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUKE DISHART

2. DATE
OF
DEATH

11-29-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (not in hospital or institution, give street address or location)

Franklin Square Hosp.

C. Length of stay in Baltimore

20

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1321 W. Fayette St.

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

10/18/1894

9. AGE (In years last birthday)

59

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Landon Park Cem

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Michael D. Dishart

14. MOTHER'S MAIDEN NAME

Anna E. Harabaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Anna E. Dishart 814 Von Luenen Rd. Johns town Pa.

18. **E983X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

SKULL FRACTURE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

tavern

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Unit block of N. Calhoun St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Nov. 27, 1953

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? DURING ALTERCATION

Assaulted by another man

22. I certify that I took charge of the remains described above, held an **AUTOPSY** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimczyk

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

11-29-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/2/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Therese J. ...

25. FUNERAL DIRECTOR

John J. ...

ADDRESS

201 ... St.

8001 72

1923 4-30-23

8001 72

8001 72

1923 4-30-23

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P-620
53 10503BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10503

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

V. Gertrude Price

2. DATE
OF
DEATH

Nov. 29, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONLutheran Hospital of
Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

33 So. Schroeder St.

c. Length of stay in Baltimore

50

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/1/1874

9. AGE (In years

last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Louisville Kentucky

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Oliver Price 33 So. Schroeder St.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Acute Pulmonary edema

DUE TO

Hypertensive arterio-sclerotic heart disease

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Mitral stenosis & insufficiency

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1953 to Nov. 29, 1953, that I last saw the deceased alive on Nov. 29, 1953 and that death occurred at 2:30 AM from the causes and on the date stated above.

23a. SIGNATURE

Samuel J. Fink

23b. ADDRESS

Lutheran Hospital

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

12/3/53

24c. NAME OF CEMETERY OR CREMATORY

Western Cem.

24d. LOCATION (City, town, or county) (State)

Edmondson + Longwood

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

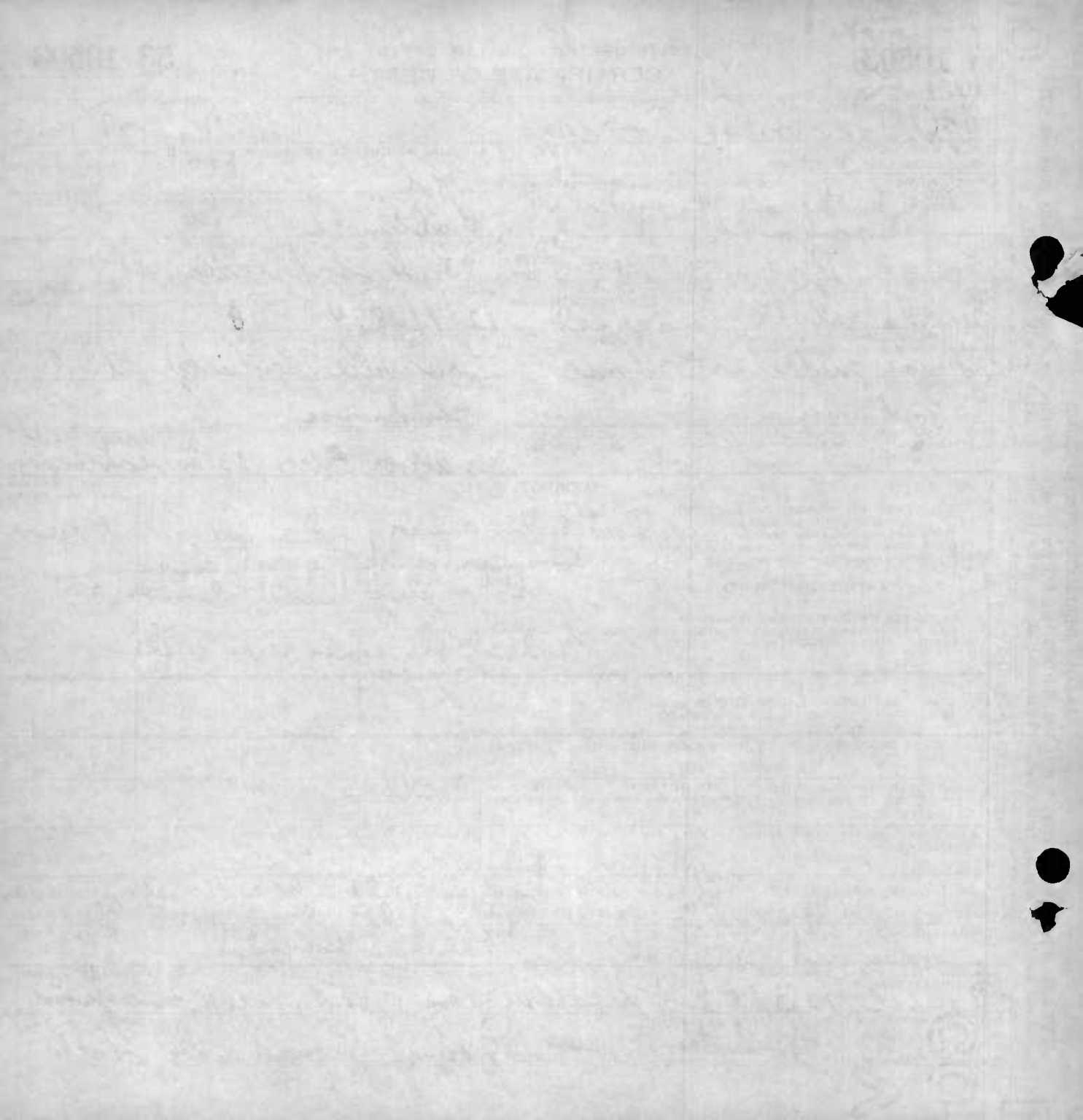
Huntington Williams

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

57 Hollins



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-260
53 10504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10504
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LILLIAN BOOKER		2. DATE OF DEATH Nov. 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 106 S. Canaleton Ave.	
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 13, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Sales		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75
13. FATHER'S NAME John Booker		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Margaret Fischer		ADDRESS 2812 Silver Hill	
18. 455X		CAUSE OF DEATH Uremia	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) DUE TO	
ANTECEDENT CAUSES		(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Extensive gangrene, skin.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/25 , 19 53 , to 11/28 , 19 53 that I last saw the deceased alive on 11/28 , 19 53 , and that death occurred at 3:00 A. M., from the causes and on the date stated above.			
23A. SIGNATURE L. H. Weller		23B. ADDRESS University Hosp.	
23C. DATE SIGNED 11/28/53		23D. NAME OF CEMETERY OR CREMATORY London Park	
23E. LOCATION (City, town, or county) (State) Baltimore		23F. DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1953	
23G. REGISTRAR'S SIGNATURE Huntington Williams		23H. FUNERAL DIRECTOR Edw. A. Cole	
23I. ADDRESS 1913 W. Balto. St		23J. VS 150	

10001 80

THE STATE OF NEW YORK
IN SENATE
January 1, 1901

10001 80

REPORT
OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
JANUARY 1, 1901
ALBANY:
J. B. LEECH, PRINTERS
1901



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 10305**

 BIRTH NO. **50-23584**

 1. NAME OF DECEASED
(Type or Print)

LIONEL MILLS

 2. DATE
OF
DEATH

11-8-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD.** B. COUNTY **BALTO.**

 B. FULL NAME OF HOSPITAL OR INSTITUTION **Provident Hosp.**

 C. CITY OR TOWN **Balto.** (If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

Life

 Yrs.
Mos.
Days

 D. STREET ADDRESS (If rural, give location)
2221 Etting St.

5. SEX

M

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/28/50

9. AGE (In years last birthday)

3

 If Under 1 Year
Months; Days

 If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Geo. E. Mills

14. MOTHER'S MAIDEN NAME

Florence High

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Geo. E. Mills 2221 Etting St.

18.

492X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) **Interstitial Pneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☒ NO ☐

 21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

 22. I certify that I took charge of the remains described above, held an **AUTOPSY** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jackson

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

11-29-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/2/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balco. Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 30 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Geo. H. Kelson

ADDRESS

1303 Pressman

20001 22

R-400
53 10506BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10506

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John M. Riley Jr.

2. DATE
OF
DEATH

Nov. 28. 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3220 Lawnview Ave

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

(before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3220 Lawnview Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 15 1944

9. AGE (In years;
last birthday)

9

10. Under 1 Year
Months Days

2

12

11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School Boy

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John M. Riley Sr.

14. MOTHER'S MAIDEN NAME

Sue Rizzo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John M. Riley Sr. 3220 Lawnview Ave

18. 587.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20-53, 19__, to 11-28-53, 19__, that I last saw the
deceased alive on 11-20-53, 19__, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Dec. 1st 1953

Holy Redeemer Cemetery

4430 Belair Rd. Balt. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

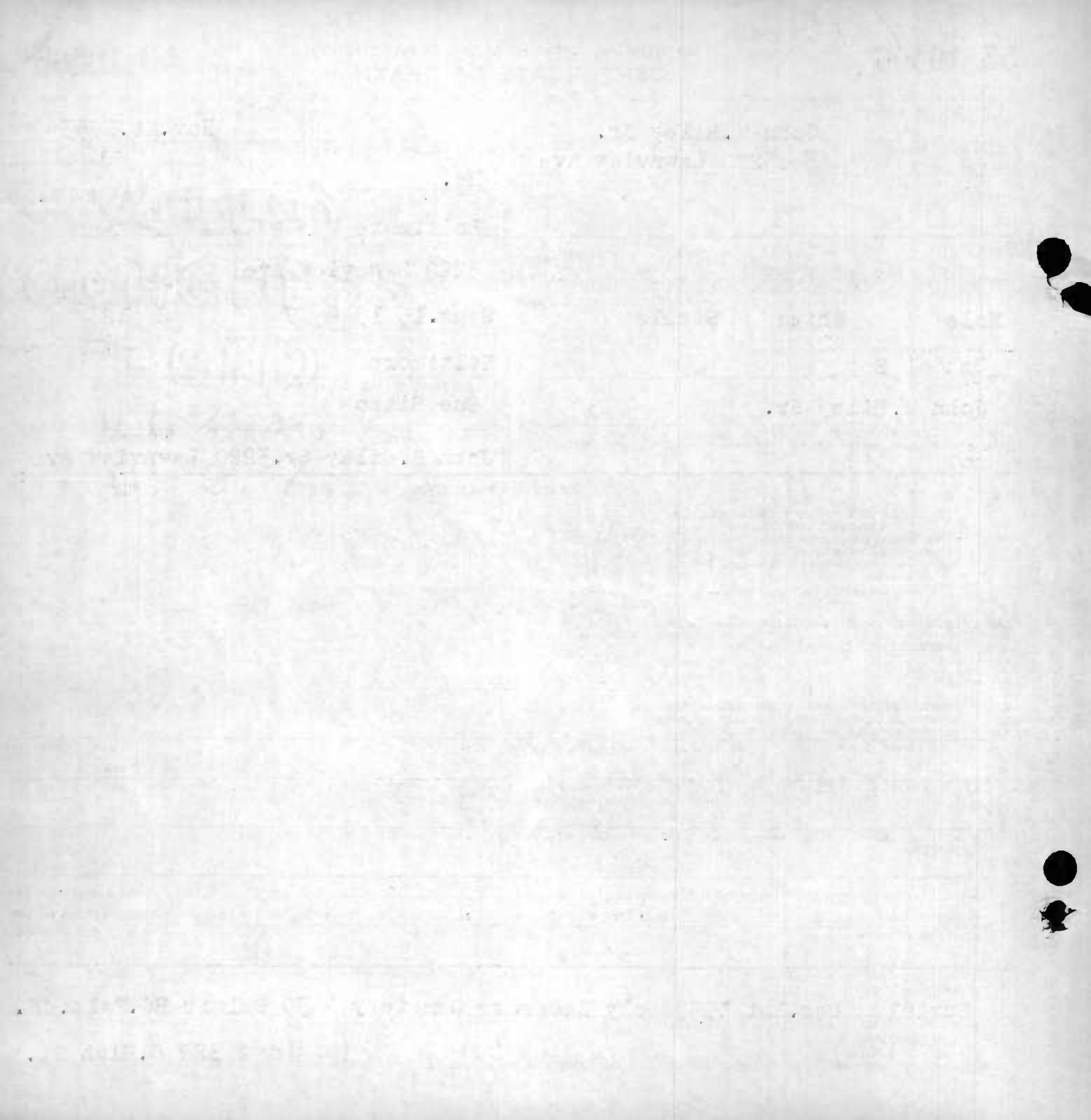
ADDRESS

NOV 30 1953

11-28-53

Frank Della Voce

322 S. High St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10507**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Mary Josephine Nardone**2. DATE
OFDEATH **Nov 28, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto, City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**B. COUNTY **Balto**B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**St. Josephs Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

600 S. Oldham St #24

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widow**

8. DATE OF BIRTH

April 26 18739. AGE (In years
last birthday)**80**If Under 1 Year
Months: Days**7****2**If Under 24 Hours
Hours: Min.**2**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY**Home**

11. BIRTHPLACE (State or foreign country)

Celle S.Vito-Foggia-Italy12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Luca Cairelli

14. MOTHER'S MAIDEN NAME

Maria Ricci15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Vito Nardone 600 S. Oldham St.18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Heart Failure**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Arteriosclerotic Heart Disease**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 27, 1953**, 19__, to **Nov 28 1953**, 19__, that I last saw the
deceased alive on **Nov 28, 1953**, and that death occurred **4:35 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Pelagios G. Layman

M. D.

23B. ADDRESS

St Josephs Hospital

23C. DATE SIGNED

11-28 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

Dec. 1st/53

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 30 1953**Huntington Williams****Frank Della Voce****322 S. High St.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-350		CERTIFICATE CORRECTED		12-2-53	
53 10508-53-29156		BALTIMORE CITY HEALTH DEPARTMENT		53 10508	
BIRTH NO.		Robert Louis		Registered No.	
1. NAME OF DECEASED (Type or Print) B. B. Hayden			2. DATE OF DEATH 11-30-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Mercy Hospital B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 720 E. 4th St.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 9-01		
c. Length of stay in Baltimore 3 Yrs. Mos. Days			8. DATE OF BIRTH 11-27-53		
5. SEX M	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Baby	9. AGE (In years last birthday) 3		10. CITIZEN OF WHAT COUNTRY? 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Robert Hayden			14. MOTHER'S MAIDEN NAME Mary Cy. Frederick		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS
18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) prematurity ANTECEDENT CAUSES telelectasis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH prematurity telelectasis		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 11-27, 1953 to 11-30, 1953 that I last saw the deceased alive on 11-30, 1953 and that death occurred at 5 a.m. , from the causes and on the date stated above.		23A. SIGNATURE Rita Scheller M. O.	
23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 11-30-53		24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	
24B. DATE Nov 30/53		24C. NAME OF CEMETERY OR CREMATORY St. Mary's		24D. LOCATION (City, town, or county) (State) Annapolis	
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. E. Holbrook & Co. Annapolis Md.	

SA 7-5400

720 E 4th St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 10509	
CERTIFICATE OF DEATH				Registered No. 53 10509	
1. NAME OF DECEASED (Type or Print) Baby Boy Ruff			2. DATE OF DEATH 11.29.53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1307 Ekm Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11-28-53	9. AGE (In years last birthday)	If Under 1 Year Months Days If Under 24 Hours Hours Min. 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William A. Ruff			14. MOTHER'S MAIDEN NAME Rita L. Lehr		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Wm A. Ruff 1306 Elm Rd.		
18. 761.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Anoxia DUE TO Birth Trauma ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Cerebral Anoxia Birth Trauma INTERVAL BETWEEN ONSET AND DEATH 22 hrs		
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-28 , 19 53 to 11-29 , 19 53 that I last saw the deceased alive on 11-29 , 19 53 and that death occurred at 10:31A m., from the causes and on the date stated above.					
23a. SIGNATURE C. L. Vance			23b. ADDRESS 2422 Lehigh North		23c. DATE SIGNED 11-29-53
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov 30-1953		24c. NAME OF CEMETERY OR CREMATORY New Cathedral	
24d. LOCATION (City, town, or county) (State) Fredricka		25. FUNERAL DIRECTOR Huntington Williams		ADDRESS 5846 Carroll	
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1953		REGISTRAR'S SIGNATURE Huntington Williams		VS 150	

1000

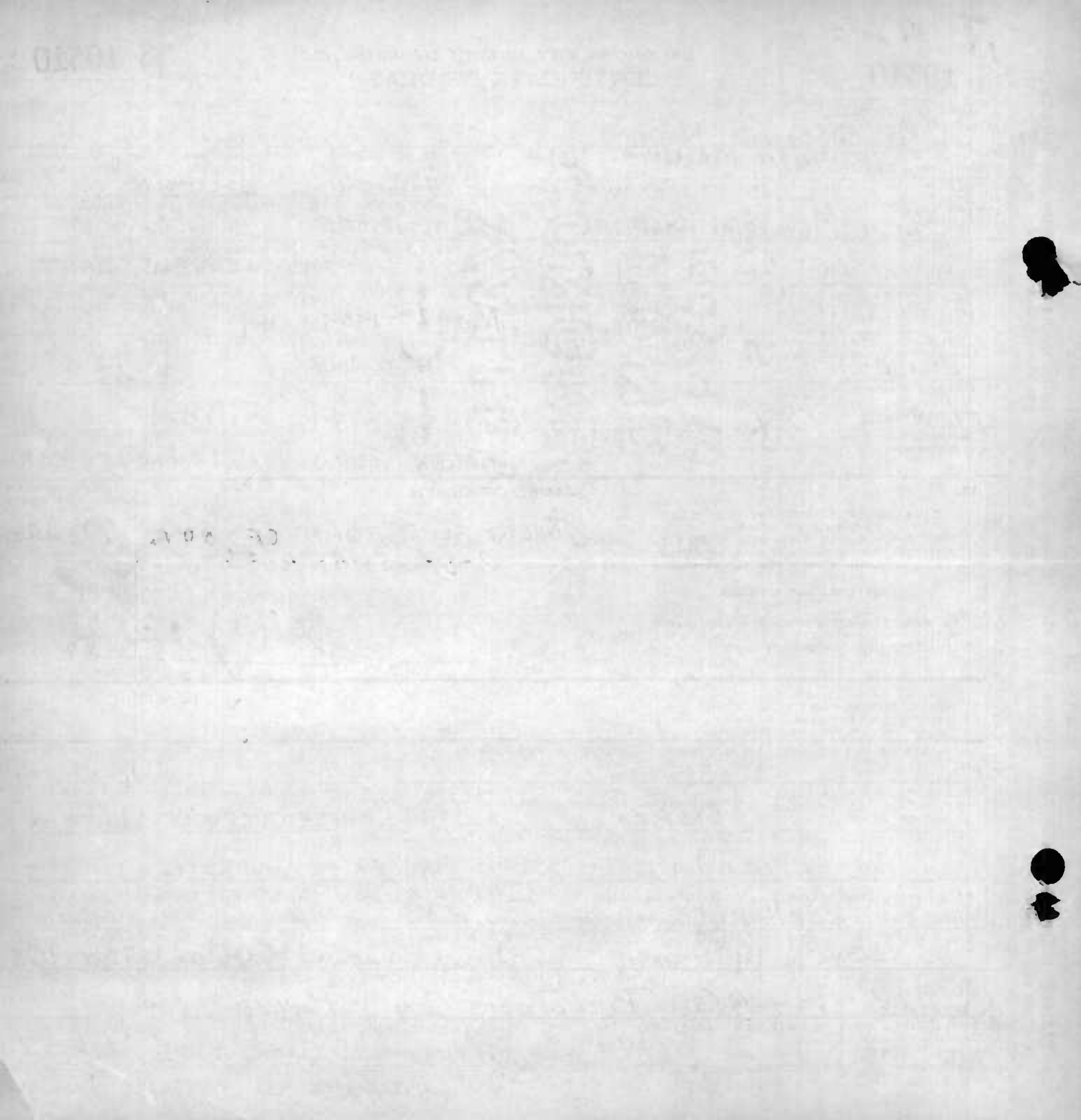


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10510

N-620
53 10510
BIRTH NO.

1. NAME OF DECEASED (Type or Print) DAISY ADELINE NORRIS			2. DATE OF DEATH 11-28-53		
3. PLACE OF DEATH: UNION MEMORIAL HOSP a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
5. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write full name and give township) BALTIMORE		
c. Length of stay in Baltimore 48 <small>Yrs. Mos. Days</small>			d. STREET ADDRESS (If rural, give location) 4214 HARFORD TERRACE, BALTO.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 23, 1904		9. AGE (in years, last birthday) 49 If Under 1 Year: Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Howard Frey			14. MOTHER'S MAIDEN NAME Mary Jane Kimmel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS HARRY NORRIS 4214 HARFORD TERR.		
18. E916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) THERMAL BURNS OF 80% BODY SURFACES DUE TO (B) CERTIFICATION APPROVED BY Joseph G. Juchacz M.D. (C) INTERVAL BETWEEN ONSET AND DEATH 8 1/2 HRS					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21C. WHERE DID INJURY OCCUR? 4214 HARFORD TERRACE, BALTO 14	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 27 1953 11:04 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? FIRE FROM CIGARETTE.	
22. I hereby certify that I attended the deceased from 12:30 AM Nov 28 1953 to 7:35 AM Nov 28, 1953 , that I last saw the deceased alive on 28 Nov 1953 , and that death occurred at 7:25 A m., from the causes and on the date stated above.					
23A. SIGNATURE William H. M. Finney			23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 28 Nov 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-1-1953		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE CEM	
24D. LOCATION (City, town, or county) (State) BALTO Md		25. FUNERAL DIRECTOR ADDRESS For approval by Medical Examiner			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 10311		Registered No. _____	
BIRTH NO. <u>53 10311</u>				J-525			
1. NAME OF DECEASED (Type or Print) <u>Mary Adelle Jenkins</u>				2. DATE OF DEATH <u>Nov. 27, 1953</u>			
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution, give address before admission) a. STATE <u>Md</u> b. COUNTY _____			
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>2901 Louise Ave</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Baltimore</u>			
c. Length of stay in Baltimore <u>86</u> Yrs. <u>5</u> Mos. <u></u> Days				d. STREET ADDRESS (If rural, give location) <u>2901 Louise Ave</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 7-1867</u>		9. AGE (In years, last birthday) <u>86</u>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Joseph James Nelson</u>				14. MOTHER'S MAIDEN NAME <u>Melvine Jane ?</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Mrs. Fred. Pfeiffer-2901 Louise</u>			
18. <u>491X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Broncho-pneumonia</u> CAUSE OF DEATH (A) DUE TO				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 22, 1953</u> , to <u>Nov. 27, 1953</u> , that I last saw the deceased alive on <u>Nov. 26, 1953</u> , and that death occurred at <u>3:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Donald Jandoy</u>				23b. ADDRESS <u>6077 Harford Rd</u>		23c. DATE SIGNED <u>11-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/30/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 30 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		FUNERAL DIRECTOR <u>Leonard J. Ruck</u>		ADDRESS <u>5305 Harford</u>	

33 10411

CERTIFICATE OF DEATH

John Doe

1915-1916

100% RAG

BOND

100% RAG

WATLEY

1-1-



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

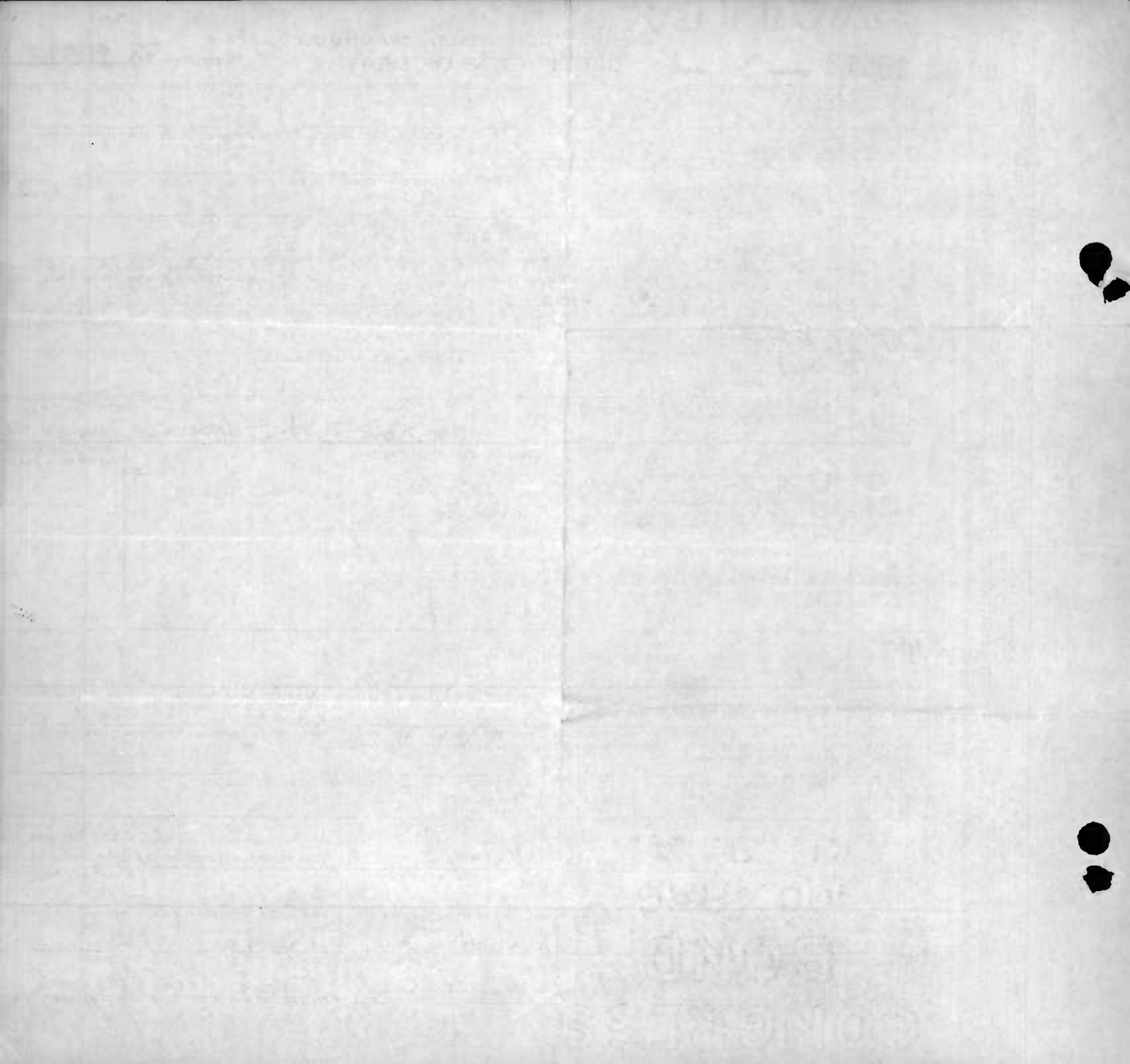
W-400

53 10512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10512

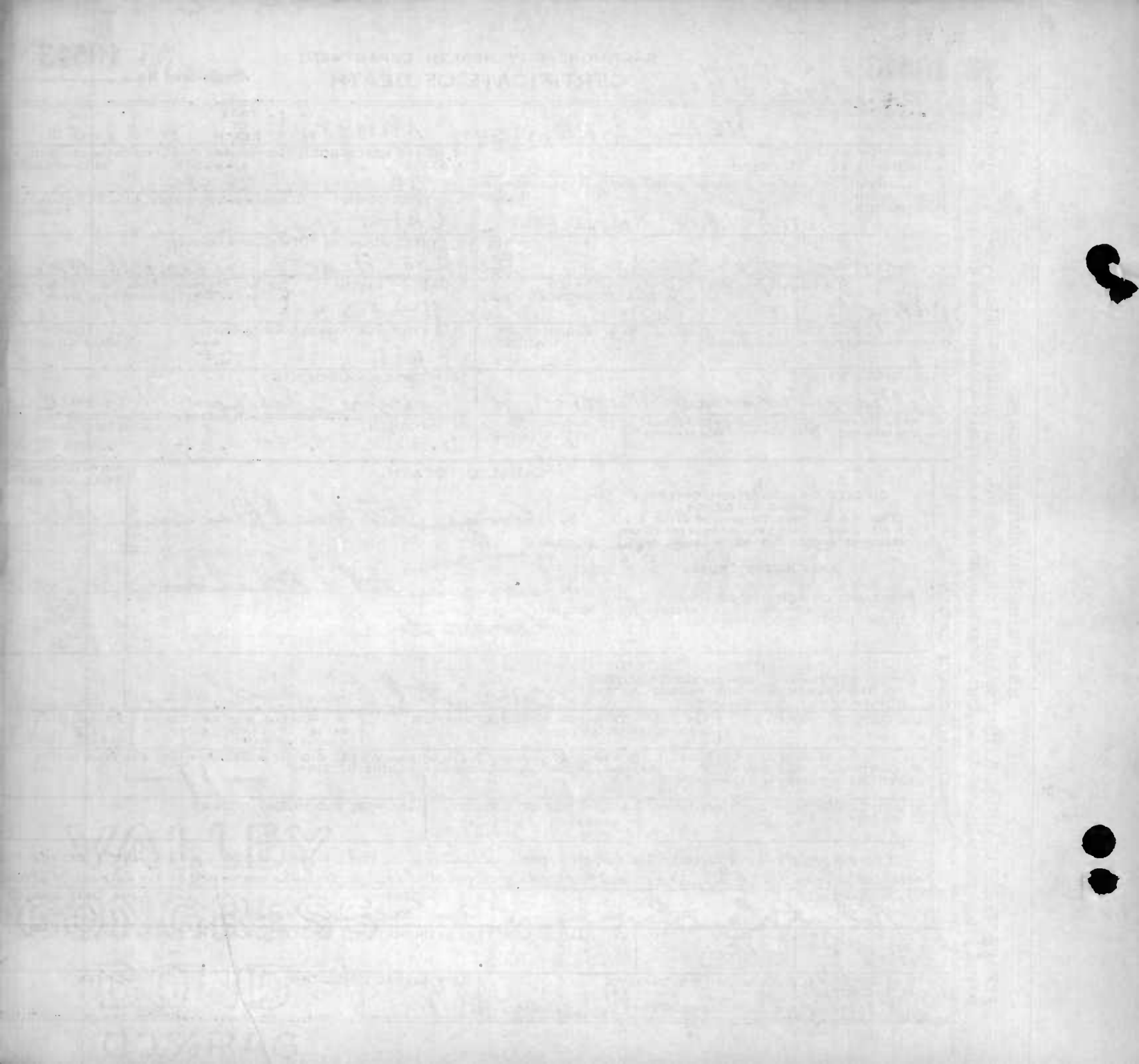
1. NAME OF DECEASED (Type or Print) <i>Wiley, Katherine L.</i>		2. DATE OF DEATH <i>11-29-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>Life (49 Yrs. Mos. Days)</i>		D. STREET ADDRESS (If rural, give location) <i>3711 Ednor Rd.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2-21-04</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>49</i>
13. FATHER'S NAME <i>Kenny B Lewis</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Sadie Duker</i>	
17. INFORMANT <i>Mr Robert H. Sander</i>		ADDRESS <i>Ruxton Southwind Rd</i>	
18. <i>204.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Acute Monocytic & Myelogenous Leukemia</i>		CAUSE OF DEATH (A) <i>Acute Monocytic & Myelogenous Leukemia</i> (B) <i>Unk</i> (C)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH <i>4 mos.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>none</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>11-3-53</i> , 19 <i>53</i> , to <i>11-29</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>11-29</i> , 19 <i>53</i> , and that death occurred at <i>8:16</i> a.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Dr. Winkler</i>		23B. ADDRESS <i>University Hosp.</i>	
23C. DATE SIGNED <i>11-29-53</i>		23D. M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/1/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Parlewood Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>BALTO Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
FUNERAL DIRECTOR <i>Mr Leonard J. Ruck</i>		ADDRESS <i>5305 Bayford</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-535 10513 53-29241		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10513 Registered No.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
NEAL HARMISON Minton			11-29-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			A. STATE MD B. COUNTY BALTO		
C. CITY OR TOWN CATONSVILLE, 28			D. STREET ADDRESS (If rural, give location) 208 FOREST SPRING LANE		
c. Length of stay in Baltimore					
5. SEX Male	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 11-28-53	9. AGE (In years last birthday) 1	10. Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) MD
13. FATHER'S NAME William Thomas Minton, Jr.			14. MOTHER'S MAIDEN NAME Coryne Eillian Harmison		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT Mr. William T. Minton, Jr.			ADDRESS Lane Forest Spring		
18. 754.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Congenital Heart Disease DUE TO (B) Congenital Aortic Stenosis DUE TO (C) Heart Failure INTERVAL BETWEEN ONSET AND DEATH 7 hrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Congenital Pseudarthrosis					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-28, 1953, to 11-29, 1953, that I last saw the deceased alive on 11-29, 1953, and that death occurred at 1A m., from the causes and on the date stated above.					
23A. SIGNATURE Robert Lee Levine		23B. ADDRESS Bon Secours Hosp.		23C. DATE SIGNED 11/29/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/30/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) Woodlawn, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1953			
24F. REGISTRAR'S SIGNATURE Huntington Williams		24G. FUNERAL DIRECTOR J. Pickner & Sons		24H. ADDRESS Baltimore, Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

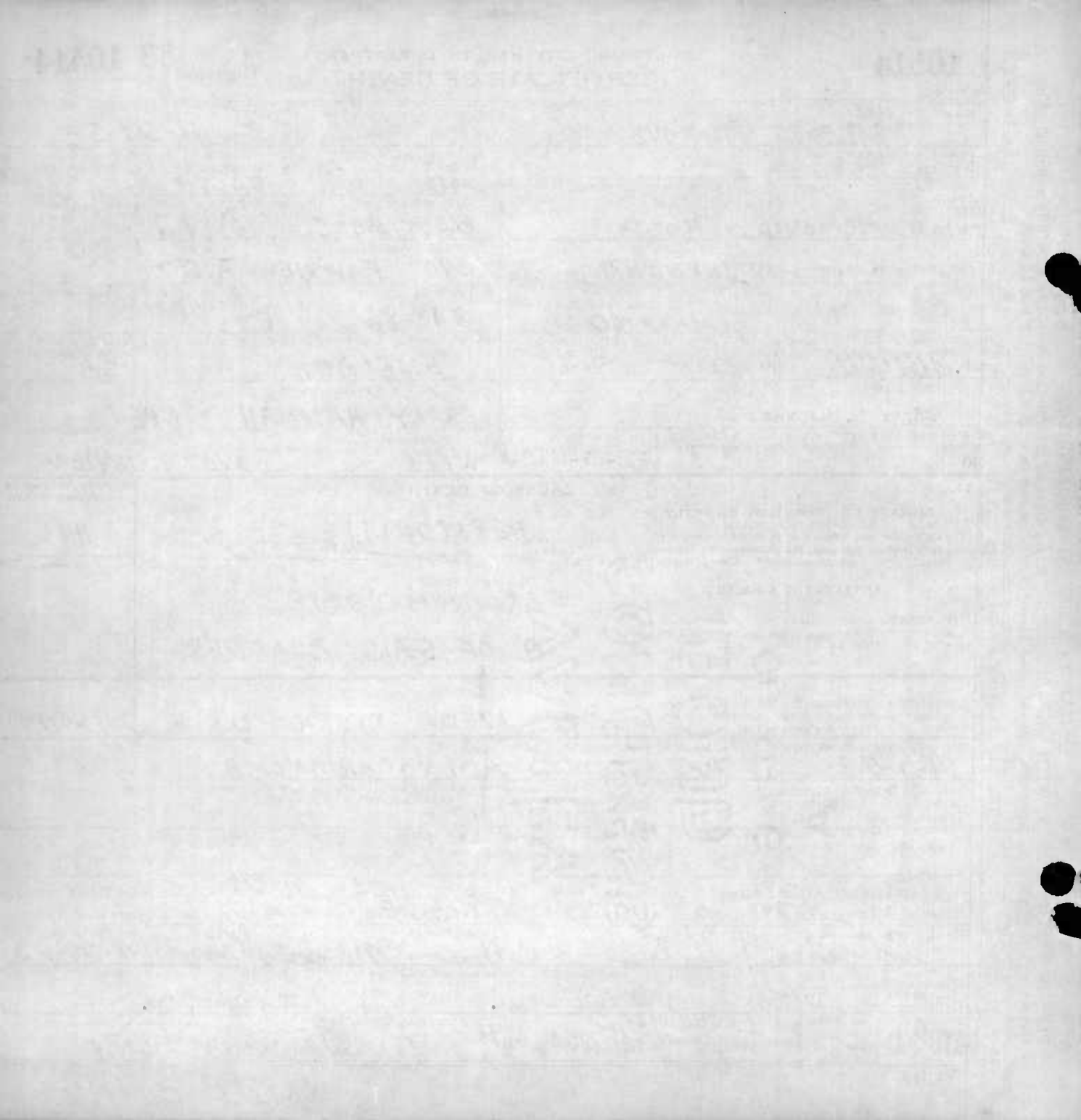
G-612
53 10514

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10514

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) GILBERT V. GROVES		2. DATE OF DEATH 11-29-53
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY BALTO.
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) BALTIMORE (16) 15-38
c. Length of stay in Baltimore UNKNOWN Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3407 FAIRVIEW AVE.
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rd. UNKNOWN Underwriter Insurance		10B. KIND OF BUSINESS OR INDUSTRY
13. FATHER'S NAME Edgar A. Groves		11. BIRTHPLACE (State or foreign country) ENGLAND
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 215-07-6840-4
18. 155X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PERITONITIS DUE TO CAUSE OF DEATH PERITONITIS INTERVAL BETWEEN ONSET AND DEATH 6 HRS		12. CITIZEN OF WHAT COUNTRY? USA
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CA OF GALL BLADDER DUE TO CA OF GALL BLADDER		14. MOTHER'S MAIDEN NAME MARY HANNAH GREEN
22. I hereby certify that I attended the deceased from 11-6 , 19 53 , to 11-29 , 19 53 , that I last saw the deceased alive on 11-29 , 19 53 , and that death occurred at 4:30 P.m. , from the causes and on the date stated above.		17. INFORMANT WIFE ADDRESS 3407 FAIRVIEW
19A. DATE OF OPERATION 11-7-53		19B. MAJOR FINDINGS OF OPERATION METASTATIC ADENOCARCINOMA
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. HOW DID INJURY OCCUR?
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
23A. SIGNATURE Stephen J. Galla		23B. ADDRESS Union Memorial Hosp.
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/2/53
24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1953		25. FUNERAL DIRECTOR Wm. J. Lickens & Sons ADDRESS Balto. 17, Md.

45073



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 R-420 10515

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10515

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA RA LEIGH

2. DATE
OF
DEATH

11-28-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1009 S. Carey St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
divorced

8. DATE OF BIRTH

May 5, 1881

9. AGE (in years last birthday)

72

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Bartholomaeus

14. MOTHER'S MAIDEN NAME
Elizabeth Reik

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
no

17. INFORMANT

ADDRESS

Mrs. Fred E. Jones-505 Glen Allen Drive

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE.

ANTECEDENT CAUSES

(B) DUE TO
(C) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph V. Jachimczyk

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
11-29-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 30 1953

REGISTRAR'S SIGNATURE

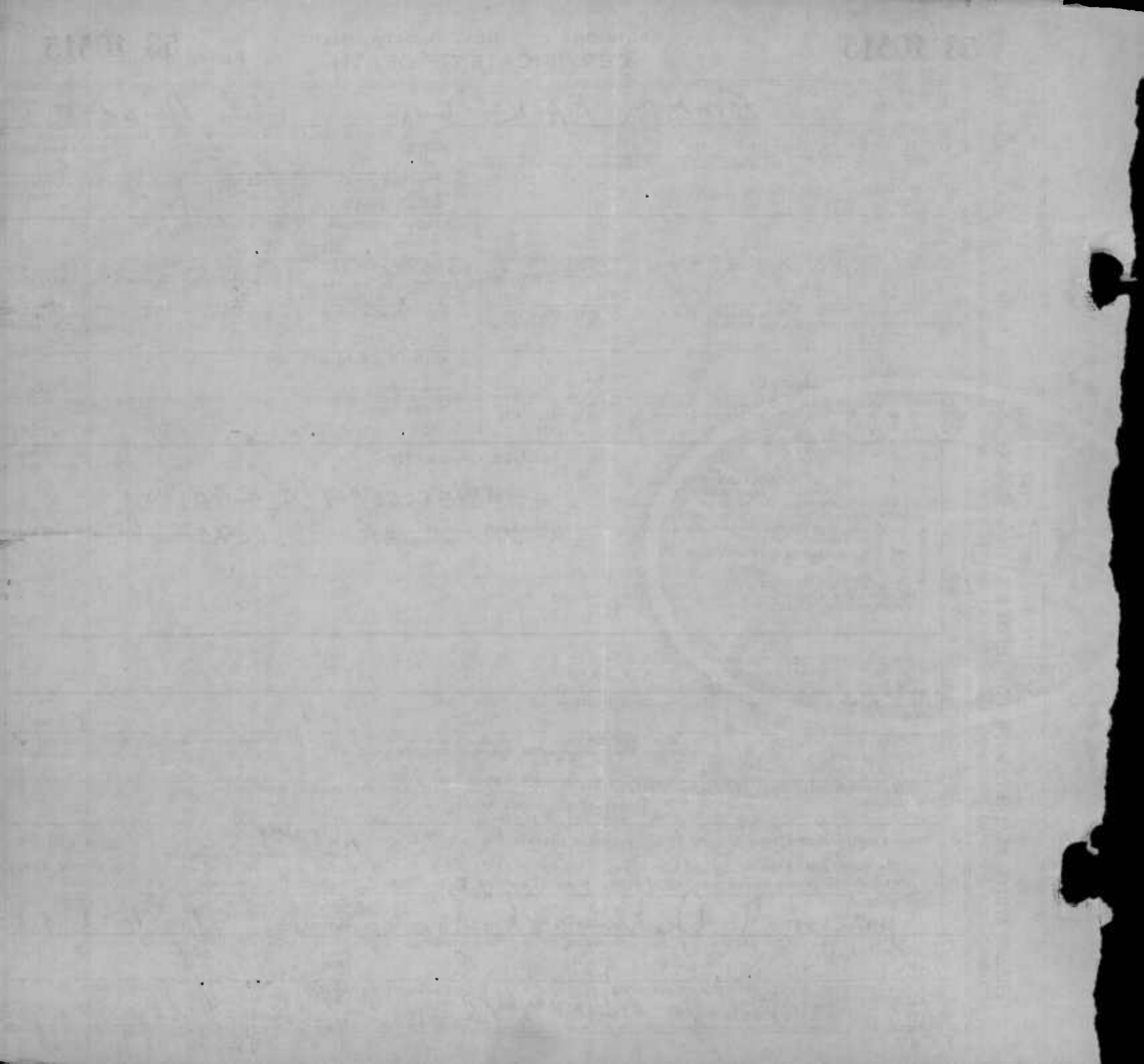
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickens & Sons

ADDRESS

Balto. 17, Md.



K-620
53 10516BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10516
Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) WLADYSLAWA (LOTTA) KARWACKI			2. DATE OF DEATH November 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3625 Echodale Avenue			D. STREET ADDRESS (If rural, give location) 3625 Echodale Avenue			c. Length of stay in Baltimore 58 yrs Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 16, 1868	9. AGE (in years last birthday) 85	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Wojciech Rozanski			14. MOTHER'S MAIDEN NAME Anna Markiewicz		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			
16. SOCIAL SECURITY NO. -			17. INFORMANT ADDRESS Mr. Joseph Karwacki, 3625 Echodale Avenue					
18. 422.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure DUE TO Myocardial Insufficiency 2 yrs. DUE TO Senility DUE TO Senility DUE TO			CAUSE OF DEATH Cardiac Failure Myocardial Insufficiency 2 yrs. Senility INTERVAL BETWEEN ONSET AND DEATH 1 hr.					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1950 , to Nov. 27, 1953 , that I last saw the deceased alive on Nov. 27, 1953 , and that death occurred at 34 m., from the causes and on the date stated above.								
23A. SIGNATURE John V. Sczylbicki			23B. ADDRESS 1802 Eastern Ave			23C. DATE SIGNED 11-28-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 12/1/53		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary		24D. LOCATION (City or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1953			REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE			

Charles J. Sadowski

37-10268

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1952

1952

ATTEST: [Signature]

DEPUTY HEALTH COMMISSIONER

STATE OF NEW YORK

IN SENATE

JANUARY 14, 1953

REPORTED BY

DR. [Signature]

DEPARTMENT OF HEALTH

STATE OF NEW YORK

IN SENATE

JANUARY 14, 1953

REPORTED BY

DR. [Signature]

DEPARTMENT OF HEALTH

STATE OF NEW YORK

IN SENATE

JANUARY 14, 1953

REPORTED BY

DR. [Signature]

DEPARTMENT OF HEALTH

STATE OF NEW YORK

IN SENATE

JANUARY 14, 1953

REPORTED BY

DR. [Signature]

DEPARTMENT OF HEALTH

STATE OF NEW YORK

IN SENATE

JANUARY 14, 1953

REPORTED BY

DR. [Signature]

DEPARTMENT OF HEALTH

STATE OF NEW YORK

IN SENATE

JANUARY 14, 1953

REPORTED BY

DR. [Signature]



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10317

1. NAME OF DECEASED
(Type or Print)

HENRIETTA SCHEEELER

2. DATE
OF
DEATH

11/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3541 Horton Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3541 Horton Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

10/16/75

9. AGE (in years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Schramm

14. MOTHER'S MAIDEN NAME

Julianna Peters

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

hypertension cardio vas.
disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1947 to Nov 28 1953, that I last saw the
deceased alive on Nov 27 1953, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Philip H. Keister

M. D.

23B. ADDRESS

302 Pegasus Ave

23C. DATE SIGNED

11/29/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

12/1/53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James L. McCully - 130 E. Fort Avenue

VS 150

10317

D. Butler

G-450
53 10318

53 10318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary Lou Gilliam

2. DATE
OF
DEATH

November 28, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1110 E. Federal St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

9-09

D. STREET ADDRESS (If rural, give location)

1110 E. Federal St.

C. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 9, 1900

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Buckingham County Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Benjamin Cator

14. MOTHER'S MAIDEN NAME

Maggie Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lawrence Gilliam 17237 George St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) _____
DUE TO

Coronary occlusion

30 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO

Coronary Heart Disease

undet

(C) _____
DUE TO

Hypertensive H. D.

undet

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

undet

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1953, to Nov, 1953, that I last saw the
deceased alive on Oct 31, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

H. Harland Churchill

23B. ADDRESS

1038 Edmondson

23C. DATE SIGNED

11-30-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 2, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

A. A. County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

H. Harland Churchill

Mr. Robert A. Elliott & Daughter

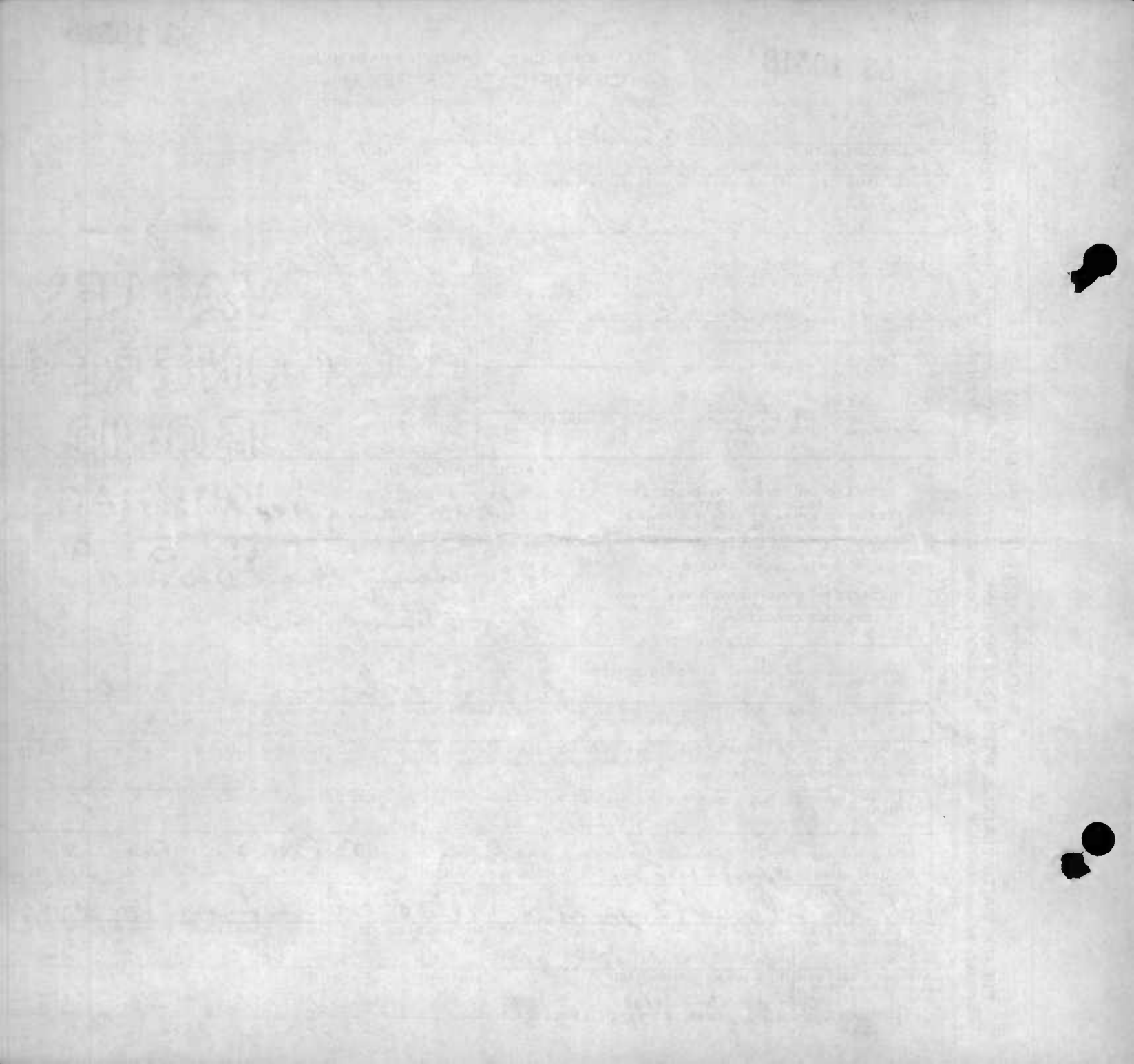
1129 N. Caroline St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

NOV 30 1953
VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-200
53 10319

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10319
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Mc Coy

2. DATE
OF
DEATH

Nov. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Dist 2

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-05

D. STREET ADDRESS (If rural, give location)

1755 Mulliken St

c. Length of stay in Baltimore

26 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3-4-1902

9. AGE (In years last birthday)

51

10 Under 1 Year

Months

11 Under 24 Hours

Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steel Works

10B. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Fayetteville N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hubert Mc Coy

14. MOTHER'S MAIDEN NAME

Annie Monroe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 162X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Bronchogenic Carcinoma & Cerebral metastases.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/8, 1953, to 11/26, 1953, that I last saw the deceased alive on 11/26, 1953, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard C. Reynolds

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-30-53

24C. NAME OF CEMETERY OR CREMATORY

mtv Colony Cms.

24D. LOCATION (City, town, or county)

Brooklyn ny

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

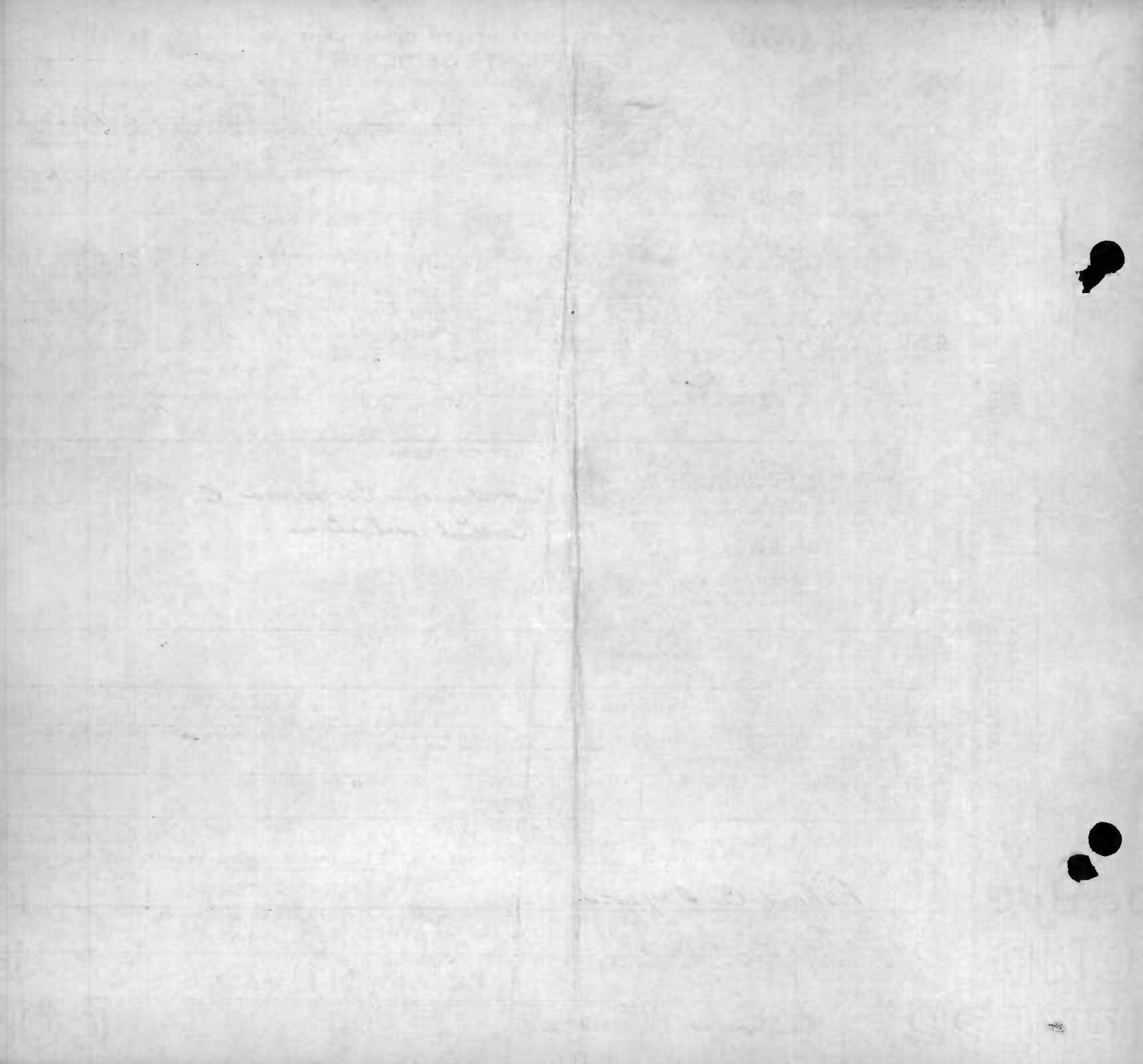
ADDRESS

Clay O. Wilson, 1000 Beantley

NOV 30 1953

Huntington Williams

97050



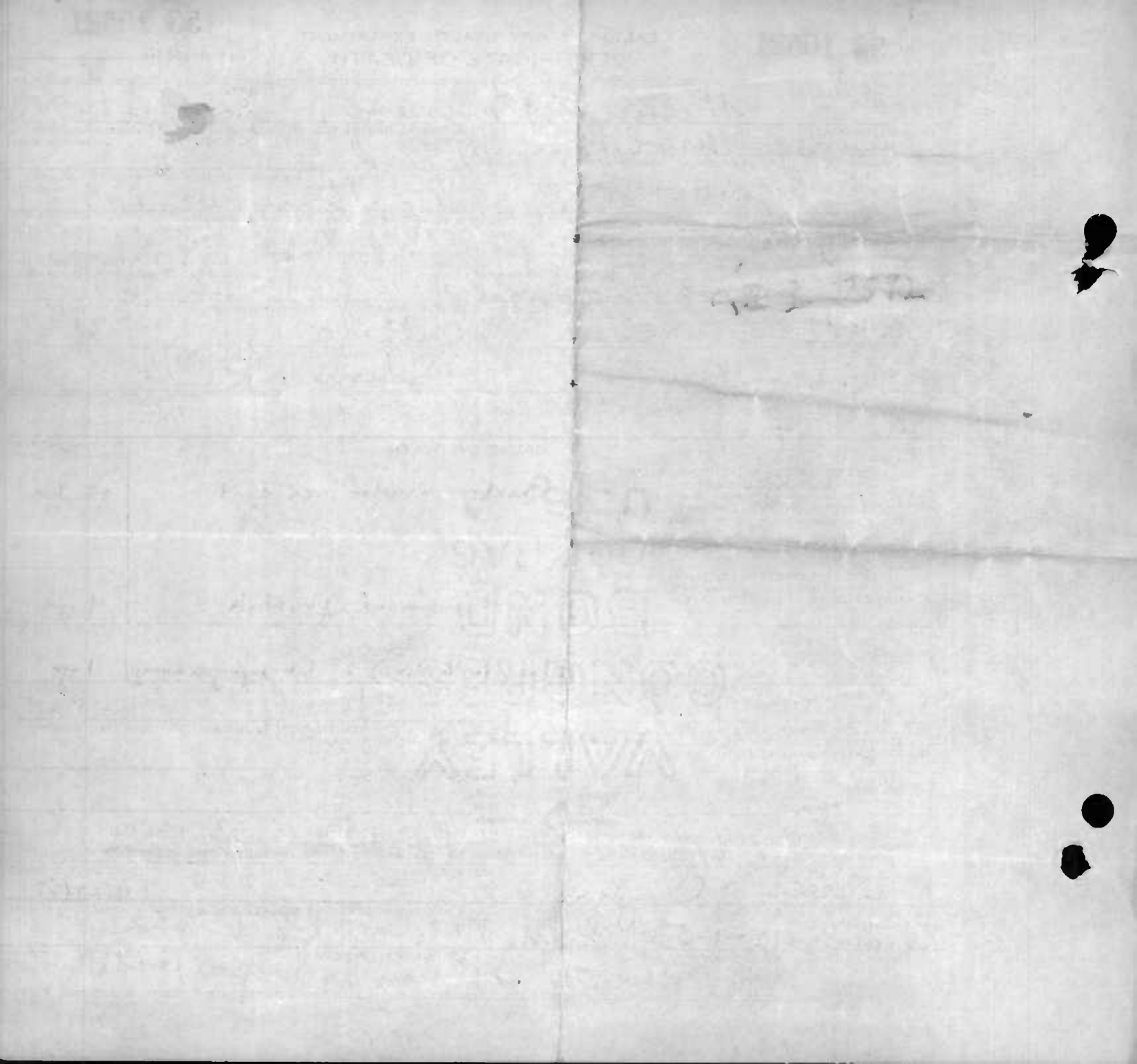
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10520 Registered No.	
1. NAME OF DECEASED (Type or Print) Robert Lee Roberts			2. DATE OF DEATH Nov-26-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 308 East 21st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 30 Yrs.			D. STREET ADDRESS (If rural, give location) 308 East 21st Street		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov-11-1901	9. AGE (In years last birthday) 52	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Skill Laborer			10B. KIND OF BUSINESS OR INDUSTRY Sparrow Point		11. BIRTHPLACE (State or foreign country) Virginia
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Jennie Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 217-01-3699		
17. INFORMANT Helen Christine Roberts			18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Epilepsy Myocarditis II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Renalitis		
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/22 , 19 53 , to 11/26 , 19 53 , that I last saw the deceased alive on 11/26 , 19 53 , and that death occurred at 1:45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE A. DeLoach			23B. ADDRESS 822 N. Bm St		23C. DATE SIGNED 11/28/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/1/1953	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md.
DATE RECEIVED BY LOCAL REGISTRAR OV 30 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Elmer Wilson	
VS 150		ADDRESS 1100 Brantley Ave		97034	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10521 Registered No.	
1. NAME OF DECEASED (Type or Print)		Wilder Bynum		2. DATE OF DEATH Nov. 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 117-03 D. STREET ADDRESS (If rural, give location) 760 George St	
c. Length of stay in Baltimore 30 yrs		5. SEX Male		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 4-16-87		9. AGE (In years last birthday) 66	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water		10B. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (State or foreign country) Suffolk Va	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Wilder Bynum		14. MOTHER'S MAIDEN NAME Sarah Gatlend	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. Var #1		17. INFORMANT JOHNS HOPKINS HOSPITAL	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebro-vascular accident DUE TO INTERVAL BETWEEN ONSET AND DEATH 12 hrs		II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ANTECEDENT CAUSES (B) Carcinoma of prostate DUE TO (C) Hypopituitarism 2° to hypophysectomy 1 yr			
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-21-1953 to 11-27-1953, that I last saw the deceased alive on 11-27-1953 and that death occurred at 9:35 a.m., from the causes and on the date stated above.					
23A. SIGNATURE William A. Campbell		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 11/27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-1-53		24C. NAME OF CEMETERY OR CREMATORY Balti. Nat. Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR Eloy O. Wilson		ADDRESS 1000 Brantly	



5-281
53 10522BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10522

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SISTER M. EMMA SCHREUFFER

2. DATE
OF
DEATH

11-29-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD. BALTIMORE CITY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 3/10-02

D. STREET ADDRESS (If rural, give location)

901 A ISQUITHT ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

10-12-11

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RELIGIOUS NUN

10B. KIND OF BUSINESS OR
INDUSTRY

CATHOLIC CHURCH

11. BIRTHPLACE (State or foreign country)

MD. BALTO.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CHARLES SCHREUFFER

14. MOTHER'S MAIDEN NAME

EMMA MARR

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

SELF

ADDRESS

18.

580X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ACUTE YELLOW ATROPHY OF LIVER 25 Days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1953, to 11-29, 1953, that I last saw the
deceased alive on 11-29, 1953, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Chas. F. Carroee, Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

11-29-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12-1-53

24C. NAME OF CEMETERY OR CREMATORY

VILLAMARIA CEM.

24D. LOCATION (City, town, or county)

NOTCH CLIFFNR TOWNSHIP, MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NO 139155
VS-150

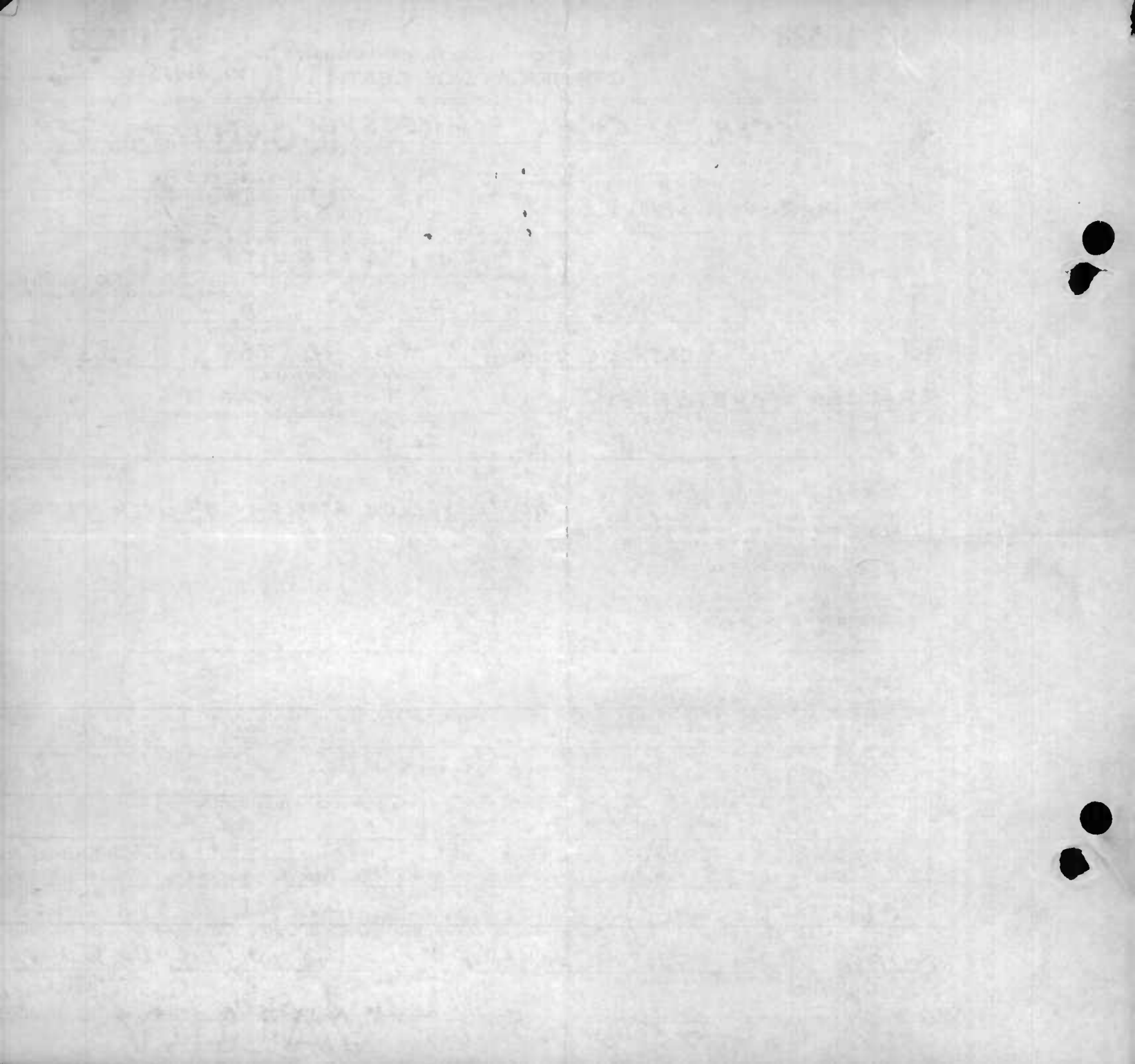
Huntington Williams, MD

Charles S. Seiler

901 S. CONKING ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Med. Exam Case - Released to Hosp

53 10523

H-235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 10523

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith Houghton

2. DATE
OF
DEATH

NOV 27 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Emergency Room

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

1111 N. Central Ave

c. Length of stay in Baltimore 12 yrs.

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-29-1936

9. AGE (In years
last birthday)

17

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Ellsworth Houghton

14. MOTHER'S MAIDEN NAME

Elsie Mc Coy

15. WAS DECEASED
(Yes, no or unknown)

no

EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS

JOHNS HOPKINS HOSPITAL

18. 353.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) UNKNOWN
STATUS EPILEPTICUS
Associated

ANTECEDENT CAUSES

(B) convulsive seizures

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.Joseph A. Jankins, Jr.
CHIEF OR ASS. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7:35 PM. 11-27-53 to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 11:45 PM., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence L. Weed

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4/29/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-1-53

24C. NAME OF CEMETERY OR CREMATORY

Doris Hill

24D. LOCATION (City, town, or county) (State)

Doris Hill Md

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 30 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Chas. P. Wilson 1000 Brantley

ADDRESS

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EXHIBIT 98

ATTACHED

TO

FILE



G-625

53 10524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10524

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISADORE GROSSMAN

2. DATE
OF
DEATH

11-29-53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

42

Sua

C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township)

Baltimore 28-31

D. STREET ADDRESS (If rural, give location)

4209 Woodmere Ave

c. Length of stay in Baltimore

20 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

74

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

paper route

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S. g.

13. FATHER'S NAME

Leon

14. MOTHER'S MAIDEN NAME

Bertha

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bertha Grossman - same

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Myocard. Infarct.
DUE TO

ANTECEDENT CAUSES

(B) ASHD
DUE TO
(C)DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29-1953, to 11-29-1953, that I last saw the
deceased alive on 11-29-1953, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Morris Goldberger M.D.

23B. ADDRESS

Singer Hospital

23C. DATE SIGNED

11-30-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-30-1953

24C. NAME OF CEMETERY OR CREMATORY

Roseville

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 30 1953

REGISTRAR'S SIGNATURE

Munington Williams, M.D.

25. FUNERAL DIRECTOR

Louis Im-2100 Eutaw Pl

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4604M

MSM 100

MSM 100



MSM 100

MSM 100

MSM 100

MSM 100

MSM 100

MSM 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-513 53 10325 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10325 Registered No.	
1. NAME OF DECEASED (Type or Print) LOUIS KAHANOVITZ			2. DATE OF DEATH 11-29-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2414 SHIRLEY AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTO.		
C. Length of stay in Baltimore 40 Yrs. Mon. Days			D. STREET ADDRESS (If rural, give location) 2414 SHIRLEY AVE		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday) 62	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) RUSSIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME SHIR			14. MOTHER'S MAIDEN NAME MINNIE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS DORA KAHANOVITZ-2414 SHIRLEY AVE		
18. 150X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer of Esophagus DUE TO 2 metastases			CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 yr +
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Sept 1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Cancer of Esophagus		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1953 to Nov 29, 1953 , that I last saw the deceased alive on Nov 23, 1953 , and that death occurred at 7:40 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE William Seligman M.D.			23B. ADDRESS 4023 Falls Rd		23C. DATE SIGNED 11-30-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-30-1953	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Jack Lewis Inc - 2100 Eutaw Pl.	

VS 150

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DATA IN THE FOLLOWING TABLE

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F636
53 10526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10526

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDERICK, WILLIAM

2. DATE
OF
DEATH

11-27-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

SOUTH BALTIMORE GEN. HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

4533 MARBLE HALL ROAD

c. Length of stay in Baltimore

65

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

6-4-1888

9. AGE (In years last birthday)

65

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

L. Schoenlein & Co.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

GEORGE FREDERICK

14. MOTHER'S MAIDEN NAME

MARY HEDPER Herpel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

John Frederick, son, above

ADDRESS

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral thrombosis with hemiparesis, left

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

19. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 1953 to Nov. 27, 1953, that I last saw the deceased alive on Nov. 27, 1953 and that death occurred at 11:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 30 1953

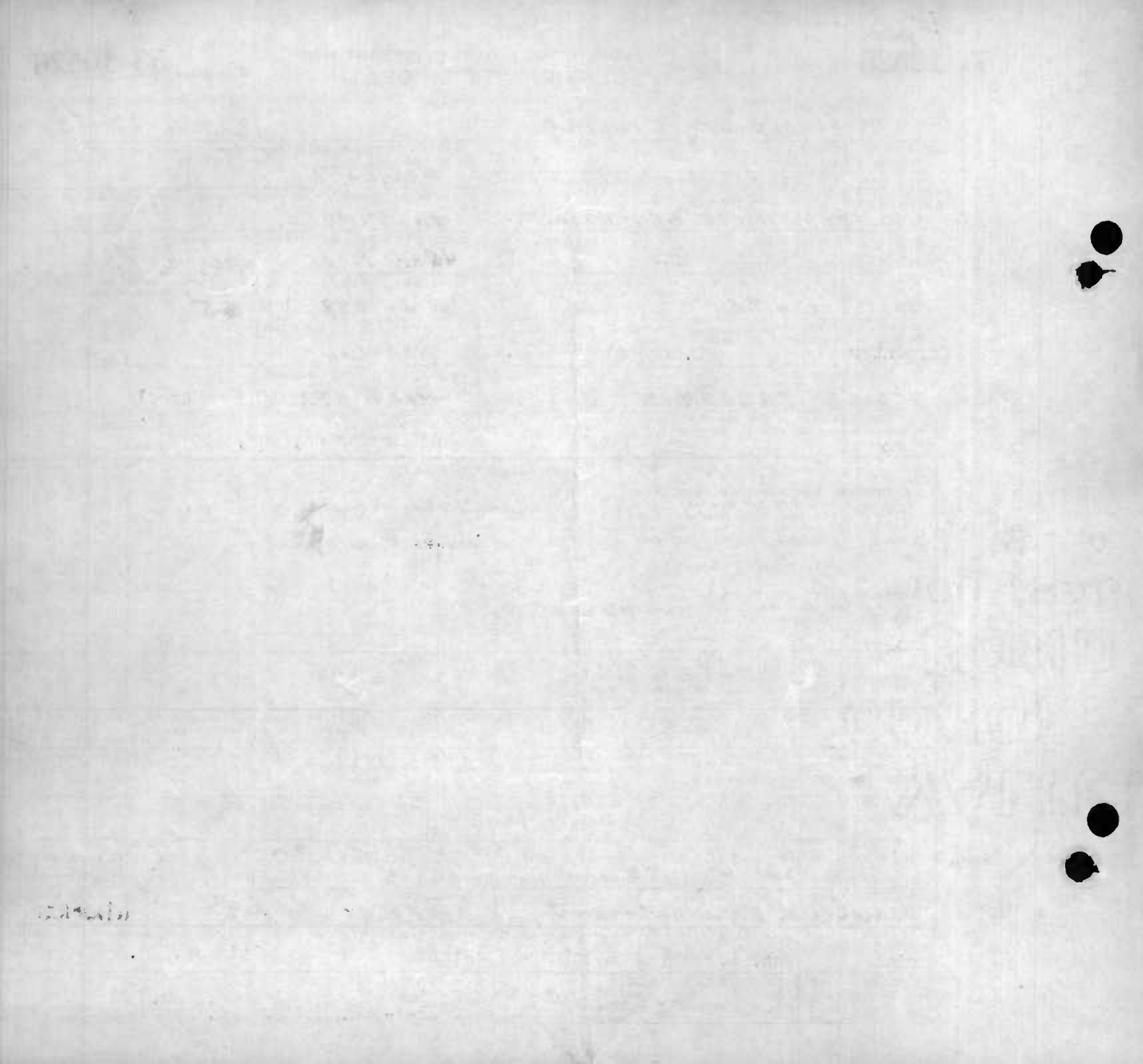
Huntington Williams, M.D.

Schimunek Funeral Home, Inc.

2601-2-5 E. Madison St.

VS 150

51024



P-620
53 10527BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10527
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hester

Price

2. DATE
OF
DEATH

NOV 28 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Oster 4

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

509 N. CARNEY ST

c. Length of stay in Baltimore

2 YRS

Yrs.
Mos.
Days

5. SEX

female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

12-1-1884 68

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

BARNWELL, S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

BILLIE SIMON

14. MOTHER'S MAIDEN NAME

VASHTIE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Vasc. Accident

INTERVAL BETWEEN
ONSET AND DEATH

5 days

ANTECEDENT CAUSES

(B) DUE TO
(C) DUE TODISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES

NO

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK NOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22-1953 to 11-28-1953, that I last saw the
deceased alive on 11-28-1953, and that death occurred at 5:26 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. E. Mallison

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-28-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/2/53

24C. NAME OF CEMETERY OR CREMATORY

ST. LUKE'S CEMETERY

24D. LOCATION (City, town, or county)

BARNWELL, S.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

CHARLES G. COOPER-512 CARROLLTON

ADDRESS

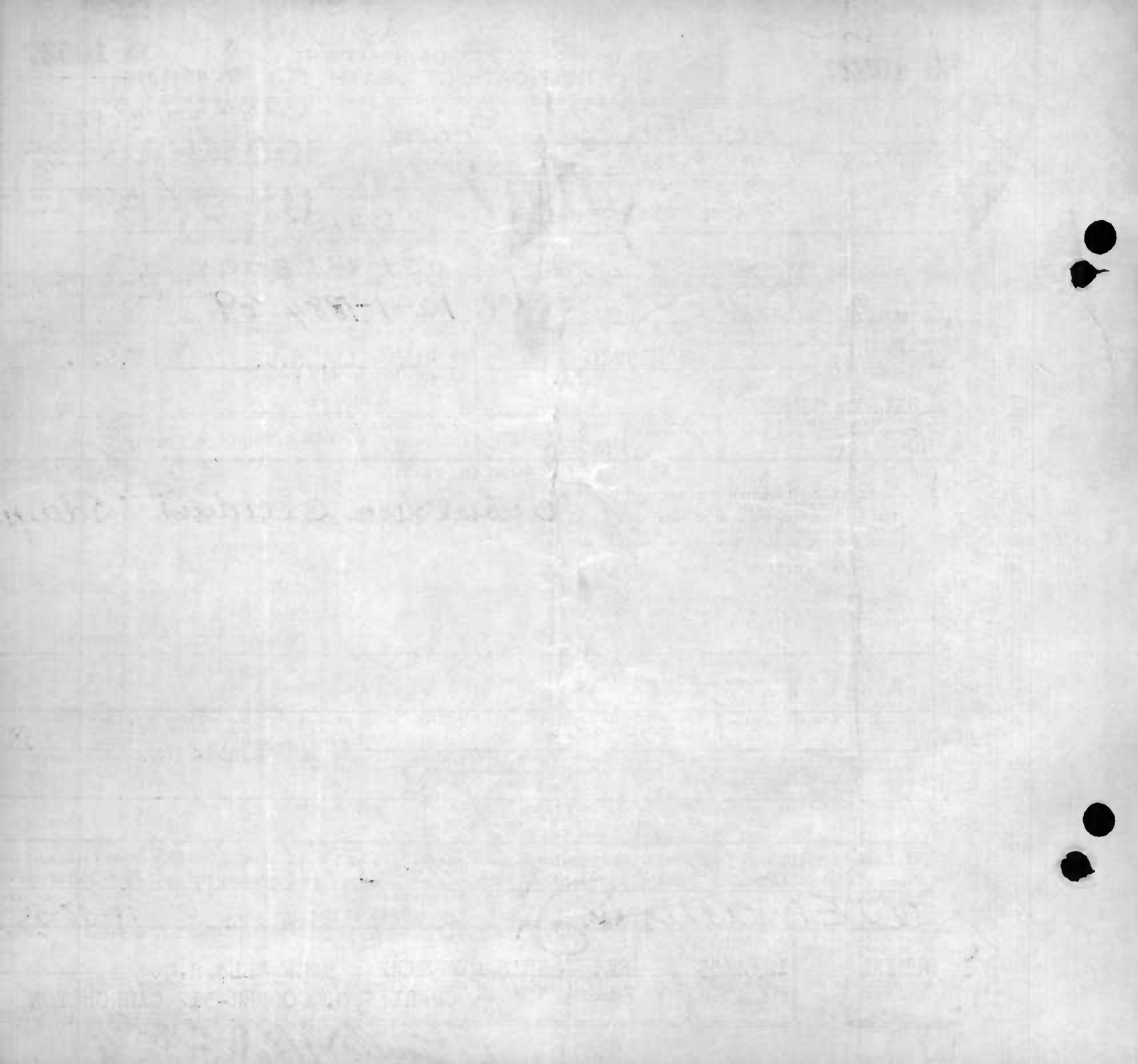
NOV 30 1953
VS 150

72084

Charles G. Cooper

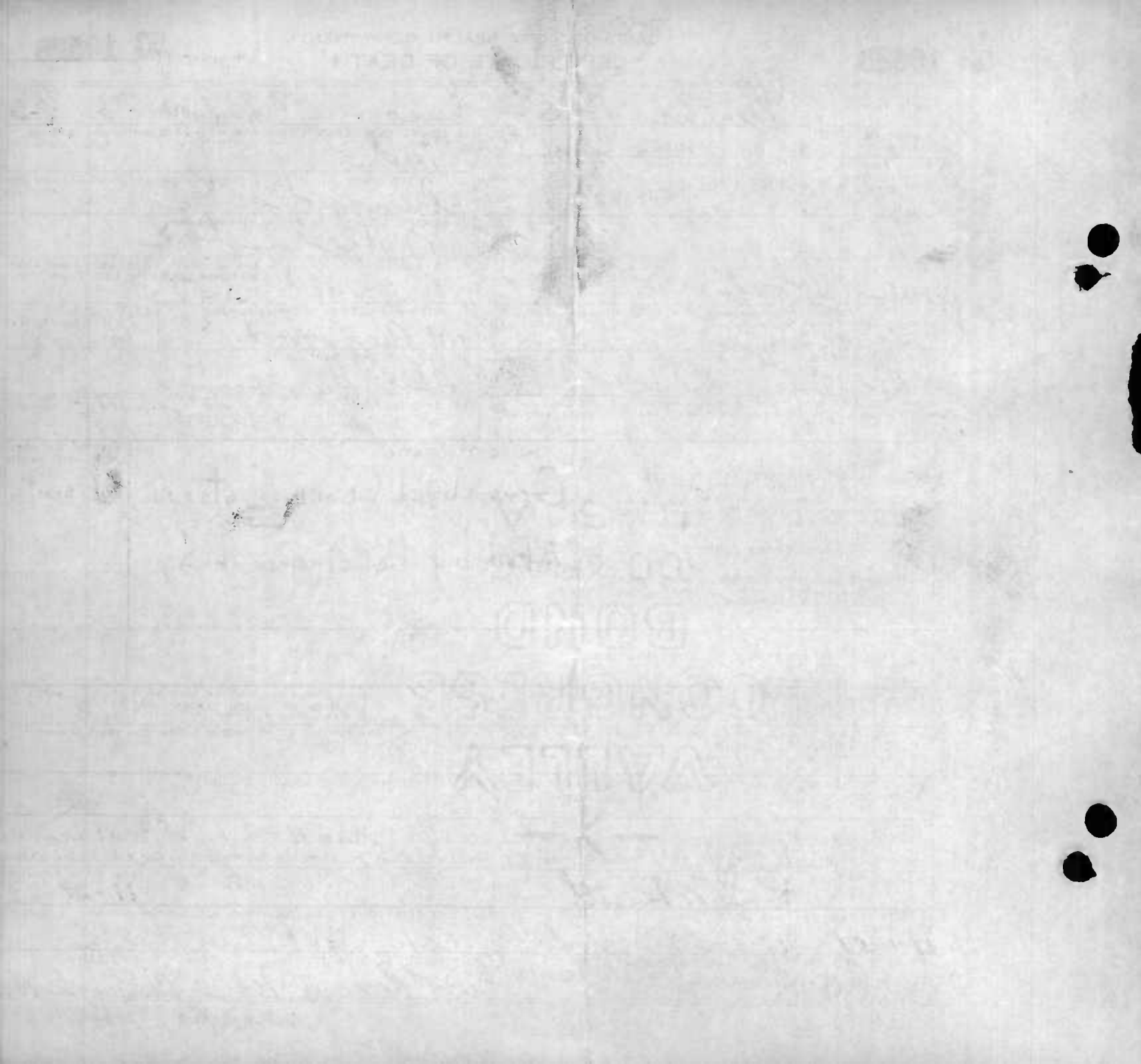
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



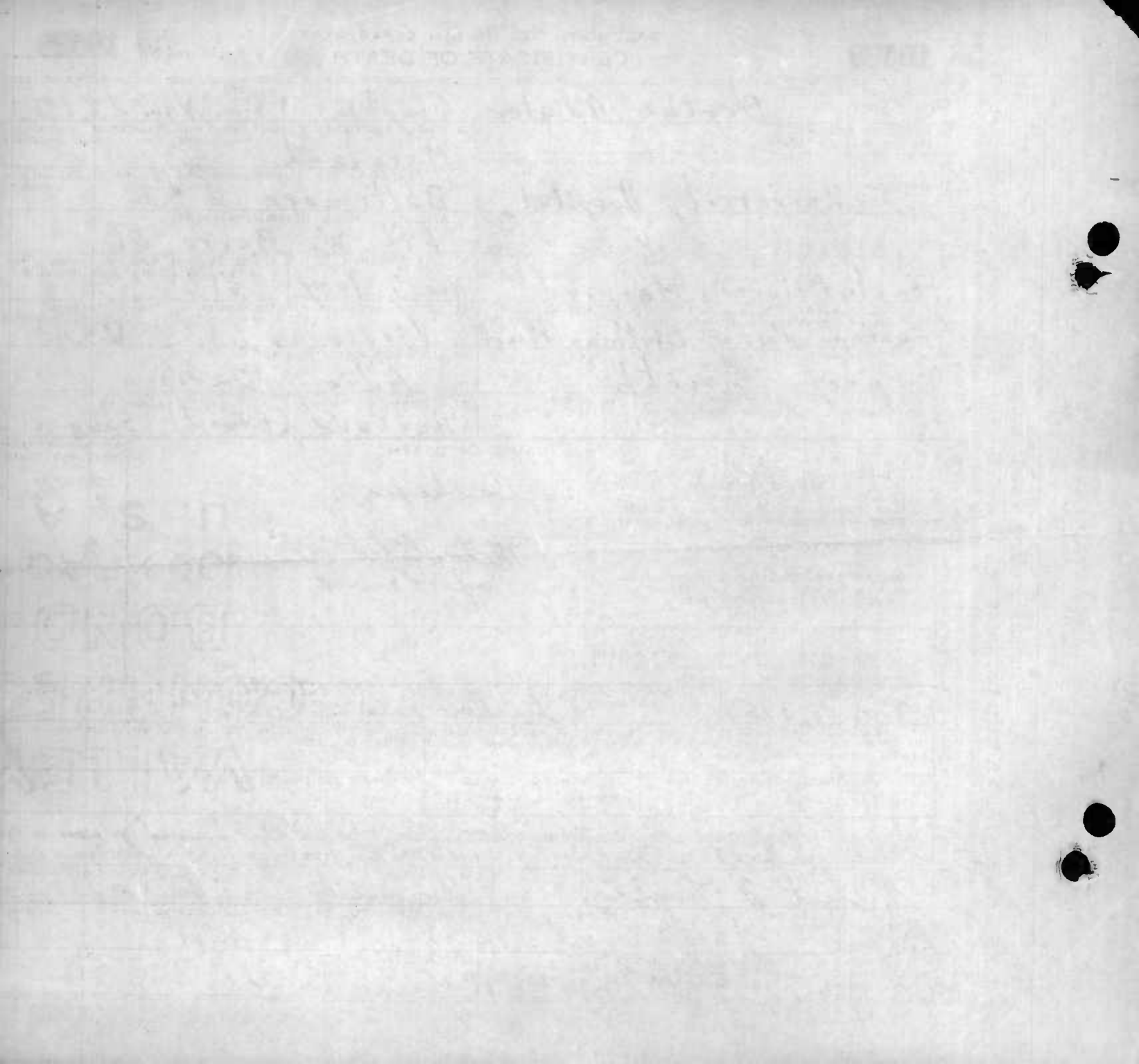
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-525 10328 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10328	
1. NAME OF DECEASED (Type or Print) <i>Bertha Rose Johnson</i>			2. DATE OF DEATH <i>Nov. 27/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Women's Clinic</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Anne Arundel</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Annapolis</i>		
D. STREET ADDRESS (If rural, give location) <i>17 Hicks Ave</i>			5210		
c. Length of stay in Baltimore			Yrs. Mos. Days		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>8-8-98</i>	9. AGE (In years last birthday) <i>55</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Mt. Airy, Md.</i>	
13. FATHER'S NAME <i>Benton Royce</i>			14. MOTHER'S MAIDEN NAME <i>Alice Hammond</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>
18. <i>162X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Generalized Carcinomatosis</i> DUE TO (B) <i>? Primary Carcinoma Lung</i> DUE TO (C)		
19A. DATE OF OPERATION <i>11-27-53</i>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-9-53</i> to <i>11-27-53</i> , that I last saw the deceased alive on <i>11-27-53</i> , and that death occurred at <i>12:55</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>R. J. Meintz</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11-28-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>12-1-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Woodville Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Mt. Airy, Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm Reese II 108 W. Washington Ave Annapolis, Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 30 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10529		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10529 Registered No.	
1. NAME OF DECEASED (Type or Print)		Bertha Adalee Simpkins		2. DATE OF DEATH Nov. 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 646 W. Barre St.	
C. Length of stay in Baltimore 28		E. Date of Birth Nov. 7, 1902		F. AGE (In years last birthday) 51	
5. SEX Female		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Factory Worker		10B. KIND OF BUSINESS OR INDUSTRY Clothing Manuf.		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Percy Smith		14. MOTHER'S MAIDEN NAME Adie Davis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Husband (Ernest)	
18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cachexia		CAUSE OF DEATH (A) Due to Metastatic Carcinoma of Cervix		INTERVAL BETWEEN ONSET AND DEATH 3 Max. 3 years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Due to (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Nov. 10, 1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Intractable pain		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 5, 1953, to Nov. 28, 1953, that I last saw the deceased alive on Nov. 28, 1953, and that death occurred at 10 ¹⁵ A.M., from the causes and on the date stated above.					
23A. SIGNATURE Herbert H. Lighton		23B. ADDRESS University Hospital		23C. DATE SIGNED 11/28/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/3/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) (State) Brooklyn, Md.		24E. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24F. LOCATION (City, town, or county) (State) Brooklyn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Charles A. Rice	
VS 150		69046		661 W. Barre St.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10530**BIRTH NO. **53 10530**

1. NAME OF DECEASED (Type or Print) VICENT CHARLES X. NEESON			2. DATE OF DEATH Nov. 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 27 Dunvale Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 2, 1903	9. AGE (In years last birthday) 50	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper Editor Retired			11. BIRTHPLACE (State or foreign country) Pittsburg, Penna.		
10B. KIND OF BUSINESS OR INDUSTRY Newspaper			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John F. Neeson			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes			16. SOCIAL SECURITY NO. WWII		
17. INFORMANT Family records			ADDRESS		

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary artery disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimczyk

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 27, 195324A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

Dec. 2, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cemetery Catonsville, Maryland

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John Burns' Sons, Towson, Maryland

03201 10230

OFFICE OF THE SECRETARY OF DEFENSE

03201 10230

10230 03201

10230 03201

10230 03201

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10230 03201

10230 03201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10531

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James J. Curran

2. DATE
OF
DEATH

Nov. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1009 E. Oliver St

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1009 E. Oliver St

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year

11. Under 24 Hours

male

white

married

June 30, 1877

76

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Treeher - retired

Penn. R.R.

Baltimore

13. FATHER'S NAME

Edward Curran

14. MOTHER'S MAIDEN NAME

Mary Colbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sarah Curran

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

adenocarcinoma - left lung

at least 4 mos

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(Cardio - Vascular Disease)

6 mos

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1913, to 28 Nov, 1913, that I last saw the deceased alive on 27 Nov, 1913, and that death occurred at 11:27 m., from the causes and on the date stated above.

23A. SIGNATURE

S. Leper

M. D.

23B. ADDRESS

714 E. Preston St

23C. DATE SIGNED

30 Nov

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial Dec 2, 1953

Cathedral

Baltimore

NOV 30 1953

Huntington Williams, M.D.

Rita Wiedefeld 900 E. Beddell St

CERTIFICATE OF DEATH

<p>1. Name of deceased: <i>John Doe</i></p>		<p>2. Sex: <i>Male</i></p>	
<p>3. Age: <i>45</i></p>		<p>4. Date of birth: <i>1910-01-15</i></p>	
<p>5. Place of birth: <i>New York City</i></p>		<p>6. Usual residence: <i>123 Main St, New York City</i></p>	
<p>7. Cause of death: <i>Heart Disease</i></p>		<p>8. Date of death: <i>1955-03-10</i></p>	
<p>9. Time of death: <i>10:00 AM</i></p>		<p>10. Place of death: <i>Home</i></p>	
<p>11. Signature of physician: <i>[Signature]</i></p>		<p>12. Signature of registrar: <i>[Signature]</i></p>	
<p>13. Date of registration: <i>1955-03-15</i></p>		<p>14. Office of registration: <i>New York City</i></p>	

C-230
53 10532BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10532
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Cassidy

2. DATE
OF
DEATH28 Nov 1953
9-15 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Little Sisters of the Poor

c. Length of stay in Baltimore

6 yrs

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/8/1886

9. AGE (in years,
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Cassidy

14. MOTHER'S MAIDEN NAME

Clara Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Little Sisters of the Poor

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Arterio Sclerosis

3 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 21, 1953, to Nov 28, 1953, that I last saw the deceased alive on Nov 28, 1953, and that death occurred at 4:54 a.m., from the causes and on the date stated above.

23A. SIGNATURE

C. Gill Hall MD

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

Nov 30-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. Williams

25. FUNERAL DIRECTOR

ADDRESS

Rita Wiedefeld 900 E. Biddle St

VS 150

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1912

1912

Name of Deceased		Age		Sex		Race		Color		Religion		Marital Status		Occupation		Cause of Death		Date of Death		Place of Death		Signature of Physician		Signature of Registrar		Signature of Witness	
						</																					

58 10533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10533

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul Abel GRIFFITH

2. DATE
OF
DEATH

11-27-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)Union Memorial
Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2809 HUNTINGDON AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 16, 1929

9. AGE (In years;
last birthday)

24.

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Griffith

14. MOTHER'S MAIDEN NAME

Rosie Hoffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes.

(If yes, give war or dates of service)

May Dec. 1952

16. SOCIAL
SECURITY NO.

217-26-1656

17. INFORMANT

Wife

ADDRESS

Same

1B. 204.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) PNEUMONIA.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Acute Myeloid Leukaemia

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19-53, 1953 to 11-27-53, that I last saw the
deceased alive on 11-27-1953, and that death occurred at 2 p.m., from the causes and on the date stated above.

23A. SIGNATURE

S.A. Peter van Buren

M. D.

23B. ADDRESS

U.M.H.

23C. DATE SIGNED

11-27-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem. Baltimore Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry Sander & Sons Inc.

ADDRESS

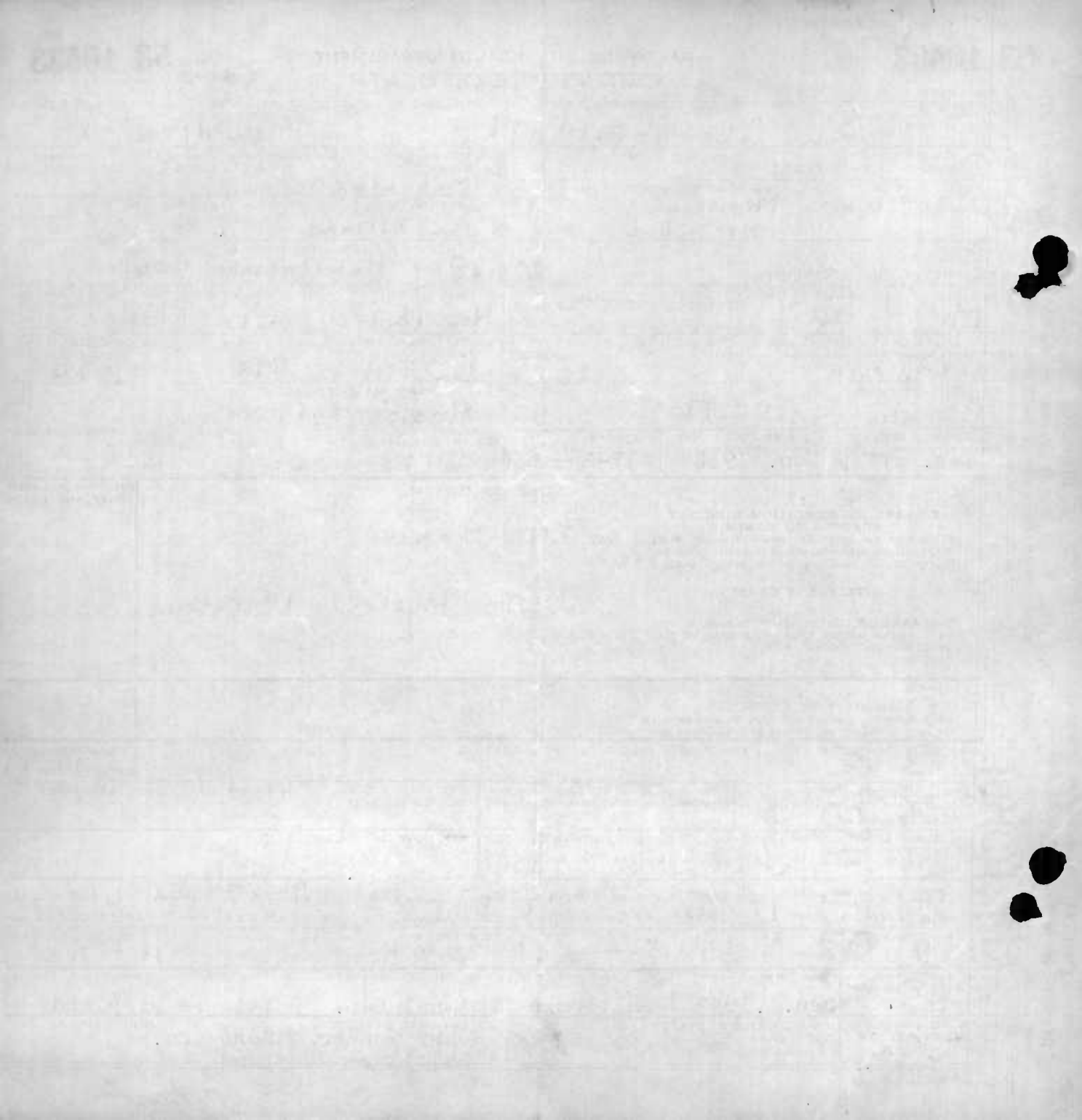
Baltimore Maryland

NOV 30 1953

S.A. Peter van Buren

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F616		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 10534	
53 10534		BIRTH NO.		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) <i>ETTA Lee FARVER</i>			2. DATE OF DEATH <i>Nov. 30, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>CARROLL</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Sinksburg</i>		
C. Length of stay in Baltimore <i>57</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>5600</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec. 7</i>	9. AGE (In years last birthday) <i>57</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Ulysses Duvall</i>			14. MOTHER'S MAIDEN NAME <i>Benedette Holmes</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT ADDRESS <i>Hospital Records</i>		
18. <i>332X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Addison's Disease</i>			CAUSE OF DEATH (A) <i>Cerebral Thrombosis</i> DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs</i>
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>OCT</i> 19 <i>53</i> to <i>Nov</i> 19 <i>53</i> , that I last saw the deceased alive on <i>Nov 29</i> , 19 <i>53</i> , and that death occurred at <i>204</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Stephen Lee Hapness M.D.</i>			23B. ADDRESS <i>Caronsville 28, Md</i>		23C. DATE SIGNED <i>11-30-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12-3-1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Stone Chapel</i>		24D. LOCATION (City, town, or county) (State) <i>CARROLL Co. Maryland.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Nov 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>C. M. Wootz, Winfield, Md.</i>	

RECEIVED
JAN 7 1900

NO 1000

WATKINS
CONGRESS
BOND
BOOKING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 10535**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr. John C. Pound

2. DATE
OF
DEATH **Nov. 27, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

24 Mallow Hill Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore **60 Yrs**
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
24 Mallow Hill Rd.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

March 16, 1864

9. AGE (in years last birthday)

89

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Pound

14. MOTHER'S MAIDEN NAME

Ann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Bertha C. Pound, 24 Mallow Hill Rd.

18.

422.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1, 1953** to **Nov 27, 1953**, that I last saw the deceased alive on **Nov. 27, 1953** and that death occurred at **3:30 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. 29, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 30 1953 **Harry A. Huylke** **101 Edmonds Ave.**

32 10518

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-230

GWIAZDA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10536

Registered No.

53 10536

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stanislaw James Gwiazda

2. DATE
OF
DEATH

Nov. 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write full name and give

township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Nov. 28, 1953, that I last saw the
deceased alive on Nov. 28, 1953, and that death occurred at 9:01 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

505-84 1930 Eastern Ave

23 10232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-520
5391053400BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10537

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN THOMAS (Alias Pete Sewell)

2. DATE
OF
DEATH

11/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTY

Md.

Frederick

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Mt. Airy

Rural

D. STREET ADDRESS (If rural, give location)

Rt. 3 # 3

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Apr. 14 - 1919

9. AGE (in years,
last birthday)

34 yrs.

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ridgeville, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John C. Thomas

14. MOTHER'S MAIDEN NAME

Margie Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

John Thomas Ridgeville, Md.

ADDRESS

CAUSE OF DEATH

I
260x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) Diabetic Coma
DUE TO Admitted to Hospital in ComaINTERVAL BETWEEN
ONSET AND DEATH

Unknown

at least

3 months.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Diabetes Mellitus
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.Hospitalized University Hospital Baltimore from 9/25/53
to 10/28/53 & diagnosed as Diabetic Mellitus.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Nov 1953, to 28 Nov 1953, that I last saw the
deceased alive on 28 Nov 1953, and that death occurred at 9:50 am., from the causes and on the date stated above.

23A. SIGNATURE

Guthrie C. R. Carey

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

29 Nov 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-3-53

24C. NAME OF CEMETERY OR CREMATORY

Friendship

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 30 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles E. Hicks, Fred.

ADDRESS

Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-330
53 10538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10538
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALFRED BURLEY WOODHEAD

2. DATE
OF
DEATH

11/29/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 19

D. STREET ADDRESS (If rural, give location)

602 E. ST

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Church Home & Hospital

C. Length of stay in Baltimore

56

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Oct. 20, 1891

9. AGE (in years last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bushman

10B. KIND OF BUSINESS OR INDUSTRY

Steel Ind.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James Woodhead

14. MOTHER'S MAIDEN NAME

Elizabeth Burley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-09-3526

17. INFORMANT

ADDRESS

Church Home & Hospital

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

24 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Thrombosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

22. I hereby certify that I attended the deceased from 11/29, 1953, to 11/29, 1953, that I last saw the deceased alive on 11/29, 1953, and that death occurred at 7:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

David F. Dawson

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

11/29/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/2/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 30 1953

Wilmington, Delaware

Larsen Funeral Home 7401 Balto Rd

6903A

100-100000

100-100000

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

100-100000



F 652
53 10339BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10339
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JENNIE FRANK

2. DATE
OF
DEATH

Nov. 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3315 Carlisle Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 3315 Carlisle Ave
Baltimore, Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore 15-37

C. Length of stay in Baltimore 70 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3315 Carlisle Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1875

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?
USA.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Amelia Krueger 3315 Carlisle Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) auto cardiac
DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Heart Disease
DUE TO

17 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3:15, 1956, to 11:30, 1956, that I last saw the
deceased alive on 11/30, 1956, and that death occurred at 7:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Eszinty

M. D.

23B. ADDRESS

2320 E. Howard Rd

23C. DATE SIGNED

11/30/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/1/53

24C. NAME OF CEMETERY OR CREMATORY

Anshe Emenah Cong.
United Hebrew Cemetery

24D. LOCATION (City, town, or county) (State)

Washington, Blad.
Baltimore Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Sol Levinson & Bros 1126 W. North Ave

10-10-33

10-10-33

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Usual Residence		Cause of Death		Date of Death		Time of Death		Place of Death		Signature of Physician		Signature of Registrar	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10540

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10540
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph A. Quinnt

2. DATE
OF DEATH Nov. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE Maryland B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1638 Montpelier St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

1638 Montpelier St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec. 9, 1872

9. AGE (In years; last birthday)

80

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Telephone Man

10B. KIND OF BUSINESS OR INDUSTRY

C. & P. Tel. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael John Quinnt

14. MOTHER'S MAIDEN NAME

Barbara Kohr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-05-0967

17. INFORMANT

Mrs Agnes Quinnt

ADDRESS

Same

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arteriosclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

10 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1953 to Nov. 27, 1953 that I last saw the deceased alive on Nov 27, 1953, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

L. K. Lines

23B. ADDRESS

2623 E. Monument St. 11/30/53

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

Henry Sander & Sons Inc.

ADDRESS

Baltimore Maryland

VS 150

B. S. Sander

10040

10040

CERTIFICATE OF DEATH

Central American
Cotton
Hypocotyl

Nov 13 1904

2023

2023
K. K. K.

MARGIN RESERVED FOR BINDING

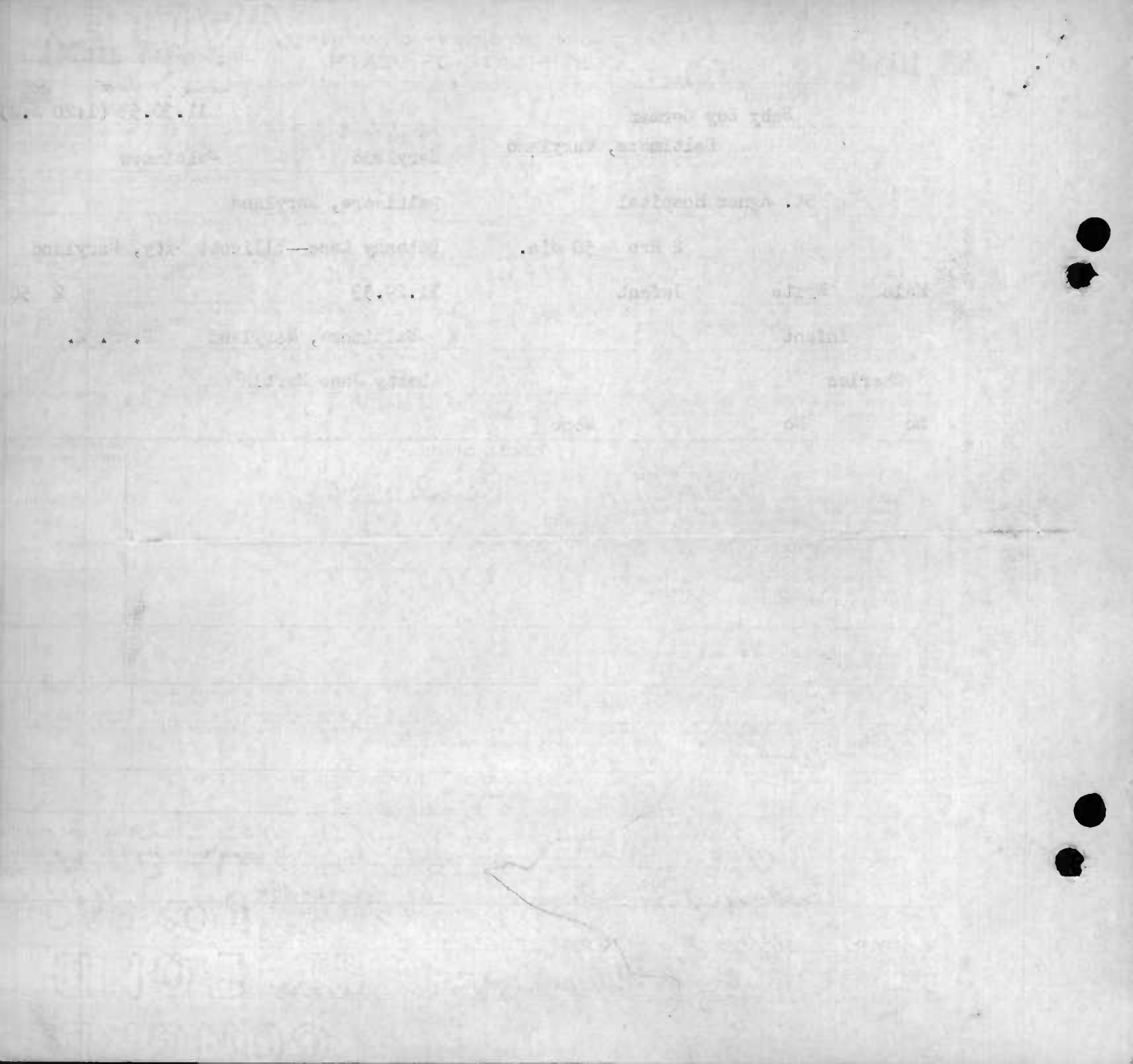
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-655

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10541

BIRTH NO. 53 10541 53-29536		1. NAME OF DECEASED (Type or Print) Baby Boy German		2. DATE OF DEATH 11.30.53 (1:20 A.M.)	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		D. STREET ADDRESS (If rural, give location) Bethany Lane—Ellicott City, Maryland		E. LENGTH OF STAY IN BALTIMORE 2 Hrs & 50 Min.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 11.29.53	9. AGE (In years last birthday) 2	10. UNDER 1 Year Months: 2 Days: 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Charles		14. MOTHER'S MAIDEN NAME Betty Jane Martin		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS	
18. 757.3		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Renal agenesis			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 11/29 , 19 53 , to 11/30 , 19 53 that I last saw the deceased alive on 11/30 , 19 53 , and that death occurred at 1:20 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Andrew J. D. [illegible]		23B. ADDRESS St. Agnes Hosp		23C. DATE SIGNED 11/30/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/1/53		24C. NAME OF CEMETERY OR CREMATORY Good Shepherd	
24D. LOCATION (City, town, or county) Ellicott City		25. FUNERAL DIRECTOR F. C. [illegible]		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 - 1953		REGISTRAR'S SIGNATURE William [illegible]		25. FUNERAL DIRECTOR ADDRESS	



G-650
53 10342BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10342

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert W. Greene

2. DATE
OF
DEATH

Nov 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2907 Oakley Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

2907 Oakley Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

C. Length of stay in Baltimore

about 15 yrs

D. STREET ADDRESS (If rural, give location)

2907 Oakley Avenue

5. SEX

M.

6. COLOR, DR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

June 3, 1919

9. AGE (In years last birthday)

34

10. Under 1 Year

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

Trucking Business

11. BIRTHPLACE (State or foreign country)

Manchester, Carroll Co., Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Alfred J. Greene

14. MOTHER'S MAIDEN NAME

Hazel Trump.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

219-320525

17. INFORMANT

Dorothy J. Greene 2907 Oakley Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 1952 to Nov. 28, 1953 that I last saw the deceased alive on Oct. 1953, and that death occurred at 230 m., from the causes and on the date stated above.

23A. SIGNATURE

Julius E. Blech

M. D.

23B. ADDRESS

5356 Reisterstown Rd

23C. DATE SIGNED

11/30/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 1/53

24C. NAME OF CEMETERY OR CREMATORY

Manchester Cemetery

24D. LOCATION (City, town, or county)

Manchester, Carroll Co., Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 1 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. J. Byers

ADDRESS

5005

VS 150

683 52

York Hgts

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-620
53 10543BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10543

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William E. Tracy

2. DATE
OF
DEATH

11/30/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write URA and give
township)

Baltimore

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

1322 Appleby Dr. #9

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 16, 1887

9. AGE (in years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William E. Tracy

14. MOTHER'S MAIDEN NAME

Mary Devese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.Blue Cross
709925

17. INFORMANT

Mary E. Tracy

ADDRESS

same above

18. 581.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Corbent of Liver

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

about 30

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25-1953, to 11/30, 1953, that I last saw the
deceased alive on 11/30, 1953, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Vetter

M. O.

23B. ADDRESS

Maryland General Hosp.

23C. DATE SIGNED

11/30/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-2-53

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph's Cemetery

24D. LOCATION (City, town, or county)

Texas, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 1 - 1953

REGISTRAR'S SIGNATURE

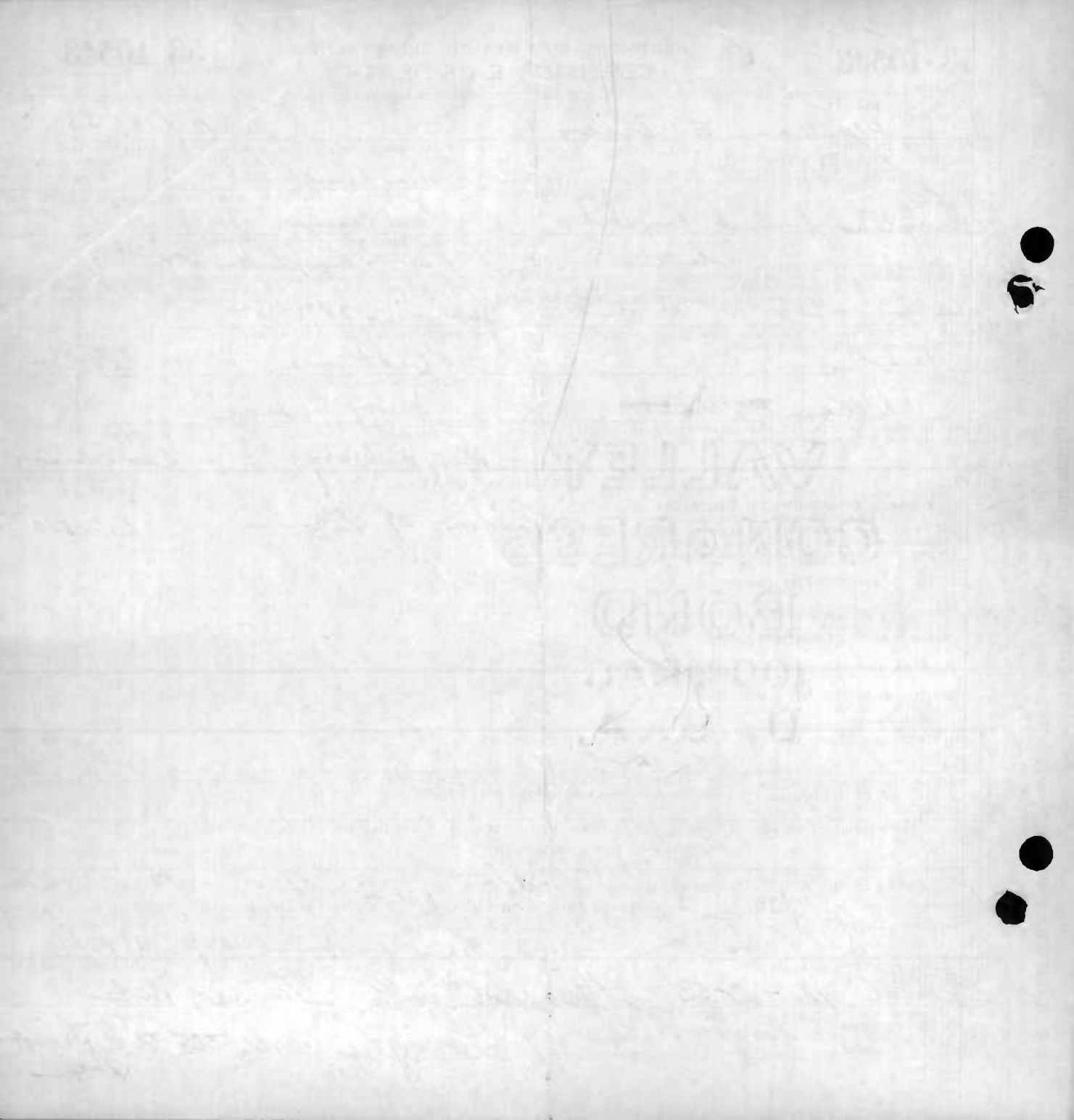
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Loring Byers

ADDRESS

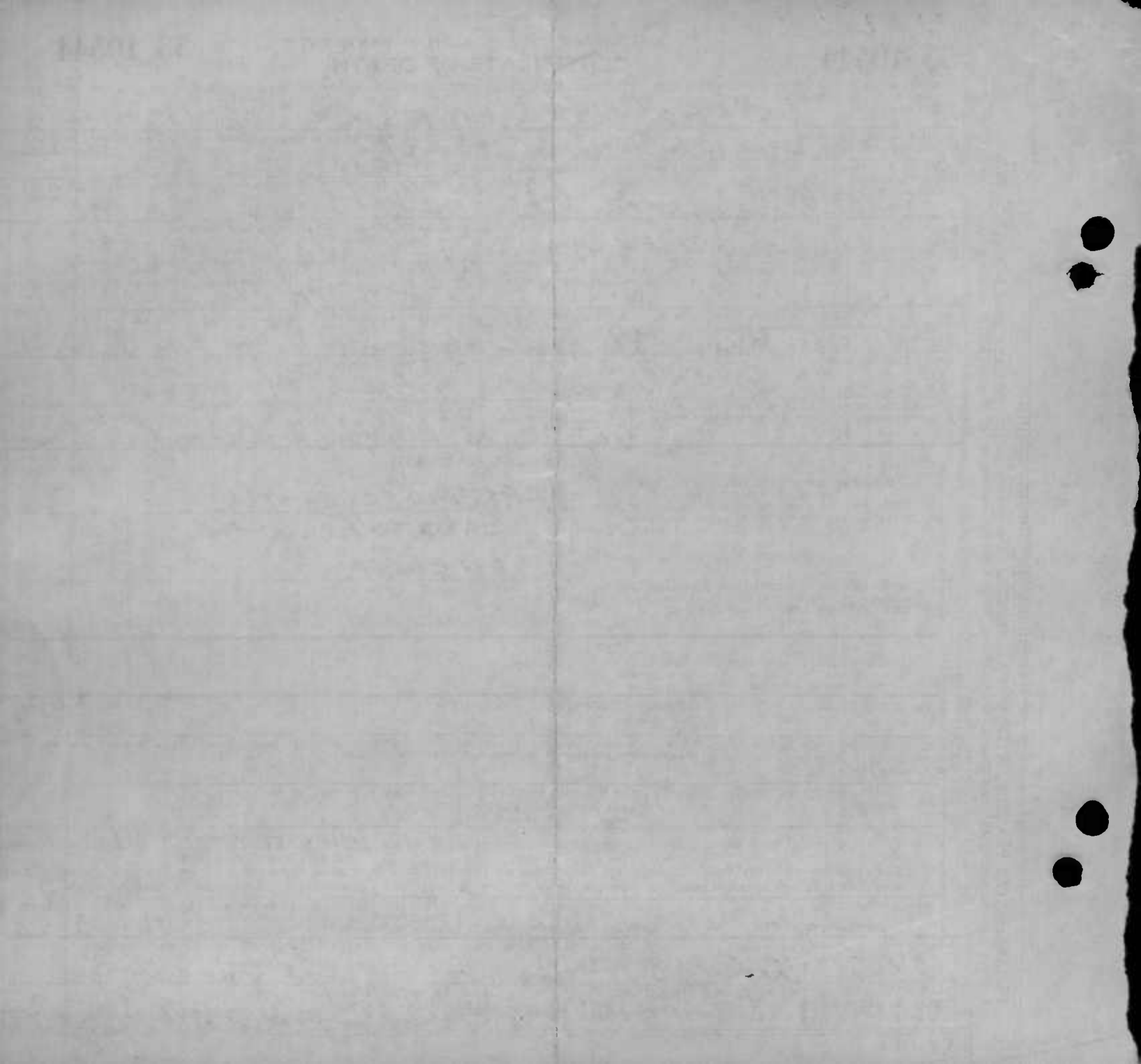
5005 Park Heights



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-252 53 10544 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10544	
1. NAME OF DECEASED (Type or Print) JOHN MC COMAS Jr			2. DATE OF DEATH 11-29-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 128 Edgewood St			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Balto.		
B. FULL NAME OF (not in hospital or institution) give street address or location 128 Edgewood St			C. CITY OR TOWN (If outside corporate limits, write RAIL and give township) Baltimore 20 07		
C. Length of stay in Baltimore About 40 yrs			D. STREET ADDRESS (If rural, give location) 128 Edgewood St		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH 2-20-1877	9. AGE (In years last birthday) 76	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Range Foreman		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Taylor, Harford Co., MD U.S.A.	
13. FATHER'S NAME John J. McComas			14. MOTHER'S MAIDEN NAME Mary M. Long		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)			16. SOCIAL SECURITY NO. 717-07-7396		
17. INFORMANT John H. McComas Jr			ADDRESS 128 Edgewood St		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection + inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Jackimczyk		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 11-29-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-2-53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Baltimore Co. Md.		25. FUNERAL DIRECTOR Long, Byers		ADDRESS 500 Park Heights Ave.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 1-1953		REGISTRAR'S SIGNATURE Huntington Williams			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-425
53 10545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10545

BIRTH NO. 10545

1. NAME OF DECEASED (Type or Print) *Sophie Walckenaer*

2. DATE OF DEATH *Nov. 30-1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Halsted 3*

4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)
A. STATE *France*
B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Paris*

7. STREET ADDRESS (If rural, give location) *6 Square Henry Pate*

8. Length of stay in Baltimore *1 week*

9. SEX *Female*

10. COLOR OR RACE *White*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *No*

12. DATE OF BIRTH *3-25-51*

13. AGE (In years last birthday) *2*

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *None*

17. KIND OF BUSINESS OR INDUSTRY *No*

18. BIRTHPLACE (State or foreign country) *France*

19. CITIZEN OF WHAT COUNTRY? *France*

20. FATHER'S NAME *Gabriel Walckenaer*

21. MOTHER'S MAIDEN NAME *Marie Jeuffrain*

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No*

23. SOCIAL SECURITY NO. *None*

24. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cardiac arrest*

INTERVAL BETWEEN ONSET AND DEATH *5 MIN.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hemorrhage*

INTERVAL BETWEEN ONSET AND DEATH *5 MIN.*

(C) *surgery for congenital heart disease*

INTERVAL BETWEEN ONSET AND DEATH *2 hrs.*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *11-30-53*

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED *congenital heart disease*

19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-23*, 19*53* to *11-30*, 19*53*, that I last saw the deceased alive on *11-30*, 19*53* and that death occurred at *2:30* p.m., from the causes and on the date stated above.

23A. SIGNATURE *Frank Cole Spencer M. D.*

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED *11-30-53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Removal*

24B. DATE *12/1/53*

24C. NAME OF CEMETERY OR CREMATORY *Paris*

24D. LOCATION (City, town, or county) (State) *Paris France*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *Frank Cole Spencer*

25. FUNERAL DIRECTOR ADDRESS *Earl B. Wolverton Funeral Home Inc. 403 E. 25 St. Baltimore-18, Md.*

VS 150

Confess me
I am
sorry for
what I have done

John Doe

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-326
53 10546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10546

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Lottie Cathcart		Nov. 27, 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. Baltimore City, Maryland		A. STATE		B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		D. STREET ADDRESS	
JOHNS HOPKINS HOSPITAL		Baltimore		1810 N. Wolfe St.	
c. Length of stay in Baltimore		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
17 Yrs.		Married		April-18-1915	
5. SEX		6. COLOR OR RACE		9. AGE (In years last birthday)	
Female		Colored		38	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Presser		Dress Shop		St Marys Co. Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Cecilla Green		Cecila Mason		U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No				JOHNS HOPKINS HOSPITAL	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
465X I		(A) Pulmonary hypertension		2 yrs.	
ANTECEDENT CAUSES		(B) Multiple pulmonary emboli		unknown	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Major thrombus, st. auricle	
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-15-1953 to 11-27-1953, that I last saw the deceased alive on 11-27-1953 and that death occurred at 12:40 P.M., from the causes and on the date stated above.					
23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED	
John L. Hederman		JOHNS HOPKINS HOSPITAL		11-27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Burial		12/2/1953		St Marys Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
DEC 1 - 1953		H. H. Williams, M.D.		Elroy O. Wilson 1000 Brantley Ave	

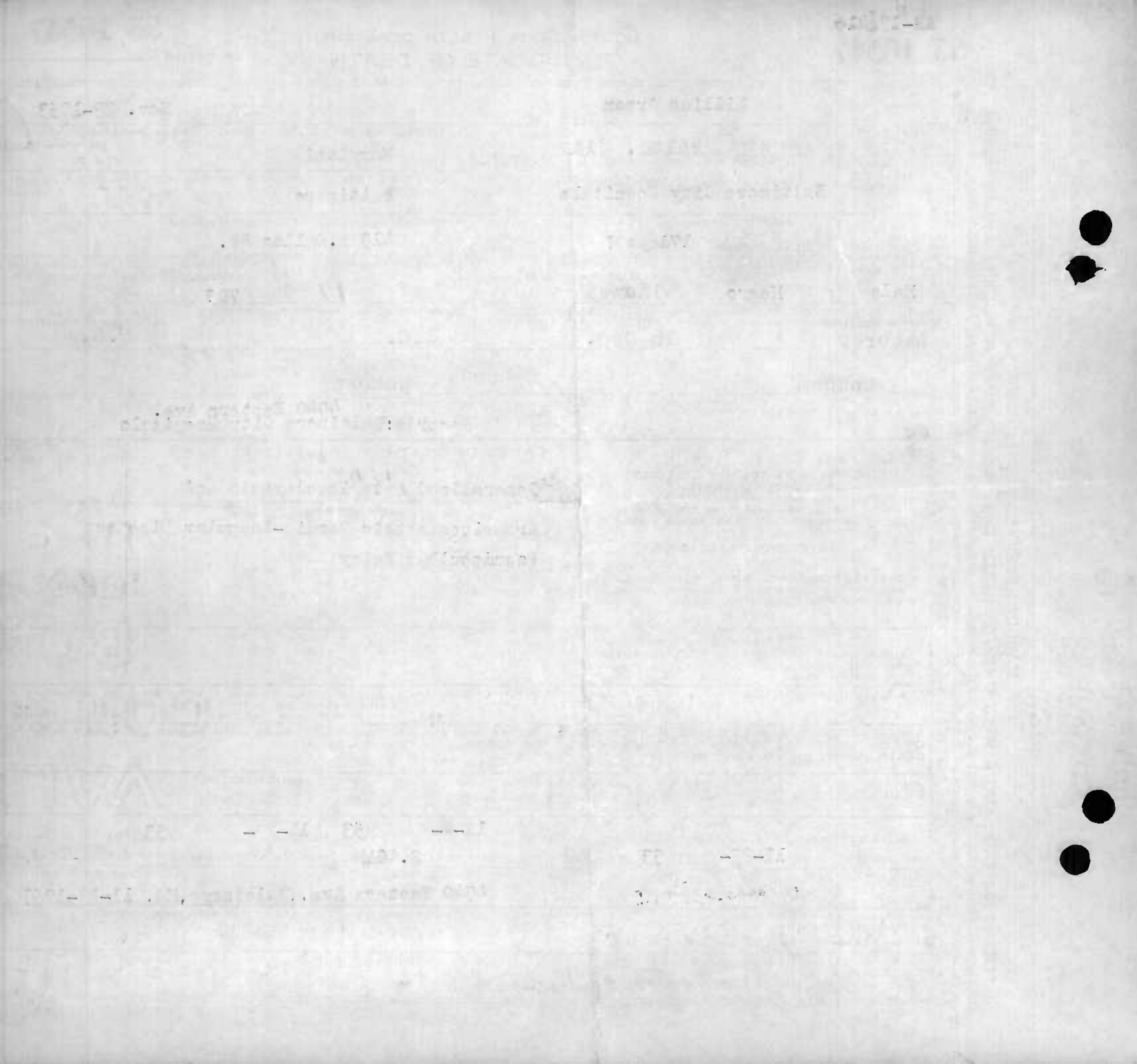


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-176146 53 10547		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10547 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) William Green			2. DATE OF DEATH Nov. 23-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 17 days			O. STREET ADDRESS (If rural, give location) 413 S. Dallas St.		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ?	9. AGE (In years last birthday) 70?	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In Gen.	11. BIRTHPLACE (State or foreign country) S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern Ave. ADDRESS Records: Baltimore City Hospitals		
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Arteriosclerosis and Arteriosclerotic Cardio-Vascular Disease DUE TO Pseudobulbar Palsy ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-6 , 19 53 , to 11-23 , 19 53 , that I last saw the deceased alive on 11-23 , 19 53 , and that death occurred at 2.40AM , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams		M. D. 4940 Eastern Ave., Baltimore, Md.		23B. ADDRESS 11-23-1953	
23C. DATE SIGNED					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-2-53		24C. NAME OF CEMETERY OR CREMATORY Brooklyn Md	
24D. LOCATION (City, town, or county) (State) Brooklyn Md					
DATE RECEIVED BY LOCAL REGISTRAR DEC 1-1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR William Wood Beatty	
VS 150					

97099



K-520
53 10548BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10548

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Joseph King</i>	
2. DATE OF DEATH <i>Nov 28, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>	
C. Length of stay in Baltimore <i>28 Yrs.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>9-25-1897</i>
9. AGE (in years last birthday) <i>56</i>	10. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
11. BIRTHPLACE (State or foreign country) <i>Saach Co. Va.</i>	12. MOTHER'S MAIDEN NAME <i>Ella Ridley</i>
13. FATHER'S NAME <i>Robert Price</i>	14. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	16. SOCIAL SECURITY NO.

18. <i>332X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebral thrombosis</i>		
DUE TO				
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>7</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/26, 1953</i> to <i>11/28, 1953</i> that I last saw the deceased alive on <i>11/28, 1953</i> and that death occurred at <i>9:50 P.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Richard C. Reynolds</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>12-4-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Montroy</i>	24D. LOCATION (City, town, or county) (State) <i>Montroy Va</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 1-1953</i>	REGISTRAR'S SIGNATURE <i>William Wilson</i>	25. FUNERAL DIRECTOR <i>W. O. Wilson</i>	ADDRESS <i>1100 Brimley Ave</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

S-552
10549BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10549
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY T. SCHIMMINGER			2. DATE OF DEATH 11-29-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution of residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1729 N. Guilford Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 9, 1904	9. AGE (in years last birthday) 49	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10B. KIND OF BUSINESS OR INDUSTRY Lewit Bros., Inc. - contractors		
11. BIRTHPLACE (State or foreign country) West Virginia			12. CITIZEN OF WHAT COUNTRY? U.S. A.		
13. FATHER'S NAME Maximillion Schimming			14. MOTHER'S MAIDEN NAME Myra F. Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 220-16-7814		
17. INFORMANT Maudie R. Schimming			ADDRESS 1729 Guilford Ave.		

MEDICAL CERTIFICATION

18. E902.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Fracture of Skull		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of Dorsal Spine and Multiple Ribs with Massive Hemothorax			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home (outside)	21C. WHERE DID INJURY OCCUR? 1729 N. Guilford Avenue	21F. HOW DID INJURY OCCUR? Fell from 3rd floor porch to ground
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-29-53 7:10 P.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>R. F. Fisher</i>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11-30-53
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 12/3/53	24C. NAME OF CEMETERY OR CREMATORY Queen's Point Cemetery	24D. LOCATION (City, town, or county) (State) Keyser, West Virginia
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 - 1953	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR ADDRESS Stm Cook, Inc., 1217 St. Paul Street	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10550
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THELMA M. KELLY

2. DATE
OF
DEATH

11-28-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence,
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONnot in hospital or institution, give street address or
location

Md. Gen'l Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Balto.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2213 Callow Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

JUNE 15, 1913

9. AGE (In years
last birthday)

40

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machine Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Plastic Corp.

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Clyde B. Kelly 2213 Callow Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

HYPERTENSIVE CARDIOVASCULAR
DISEASE

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

⊙ PULMONARY EDEMA
⊙ FATTY METAMORPHOSIS OF LIVER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an PARTIAL AUTOPSY thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachirzyk

M.D.

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER

11-29-53

MEDICAL INVESTIGATOR

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/1/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

(State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

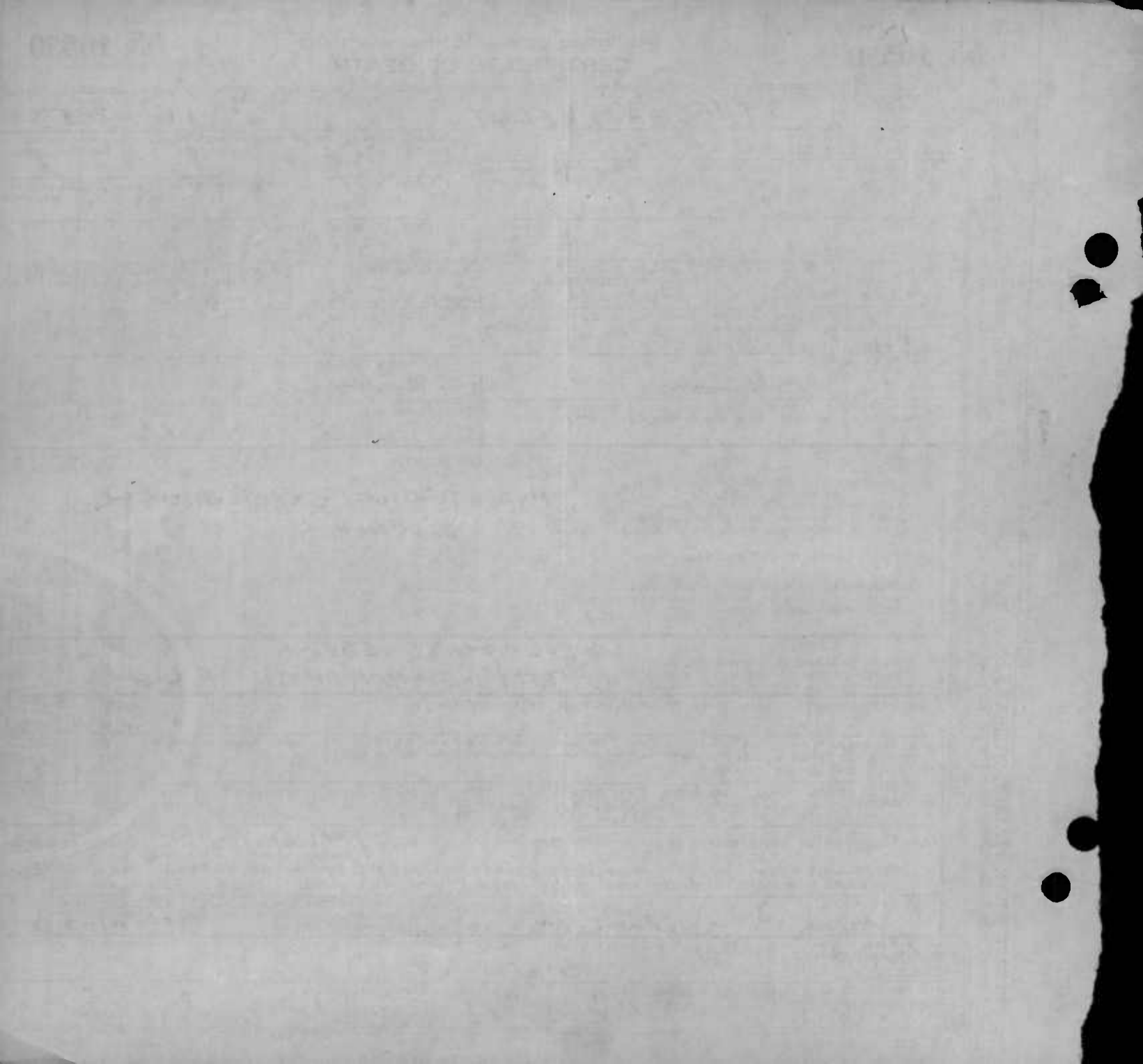
REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

ADDRESS

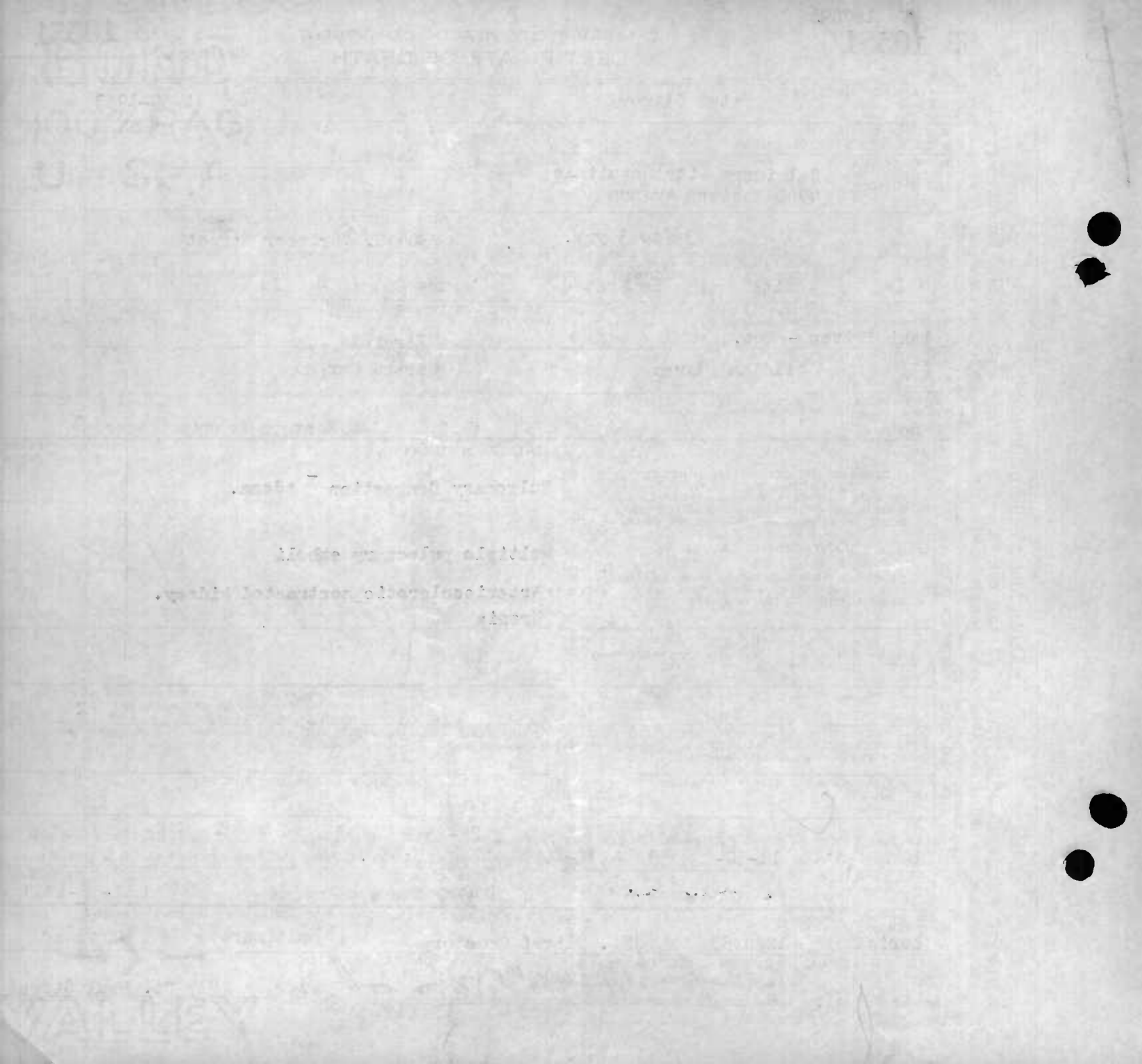
Cook Inc. 1217 St. Paul st.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FVJ 167496 53 10551 8-416		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10551 Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) Peter Oliver			2. DATE OF DEATH 11-30-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 3½ to 5 yrs.			D. STREET ADDRESS (If rural, give location) 304 S. Stricker Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH June 25, 1874	9. AGE (In years last birthday) 78	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Driver - Ret.		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Oliver		14. MOTHER'S MAIDEN NAME Martha Murphy			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B.C.H. 4940 Eastern Avenue (records)	
18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Congestion & edema.			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Multiple pulmonary emboli			(B) Arteriosclerotic contracted kidney.		
(C) Uremia					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2 - 5 - , 1953 to 11 - 30 - , 1953 , that I last saw the deceased alive on 11-30 - , 1953 , and that death occurred at 8:45A m. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-30-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/4/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24D. LOCATION (City, town, or county) Baltimore,		24E. STATE Maryland			
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-525
103552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 103552
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah J. Johnson

2. DATE
OF
DEATH *11/30/53*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md.* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (if outside corporate limits, write R.U.R. and give township)

22 46 - Annapolis Rd.

O. STREET ADDRESS (If rural, give location)

22 46 Annapolis Rd.

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

widowed

8. DATE OF BIRTH

8/23/1861

9. AGE (In years, last birthday)

92

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY

USA

13. FATHER'S NAME

Samuel Hooper

14. MOTHER'S MAIDEN NAME

Sarah Ruark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. James L. Matthews - 2246 Rd. Annapolis

18. *331X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Arteriosclerosis

20 years?

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *JULY 21*, 1950, to *NOVEMBER 30*, 1953, that I last saw the deceased alive on *Nov. 26*, 1953, and that death occurred at *4:30 AM.*, from the causes and on the date stated above

23A. SIGNATURE

Arthur Roschberg M.D., M.O.

23B. ADDRESS

2436 Washington Blvd - 30

23C. DATE SIGNED

11/30/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/2/53

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park Cem.

24D. LOCATION (City, town, or county) (State)

3801 Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR

DEC 1 - 1953

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Mr. John J. Cowan & Son Hollins

SECRET

SECRET



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10553

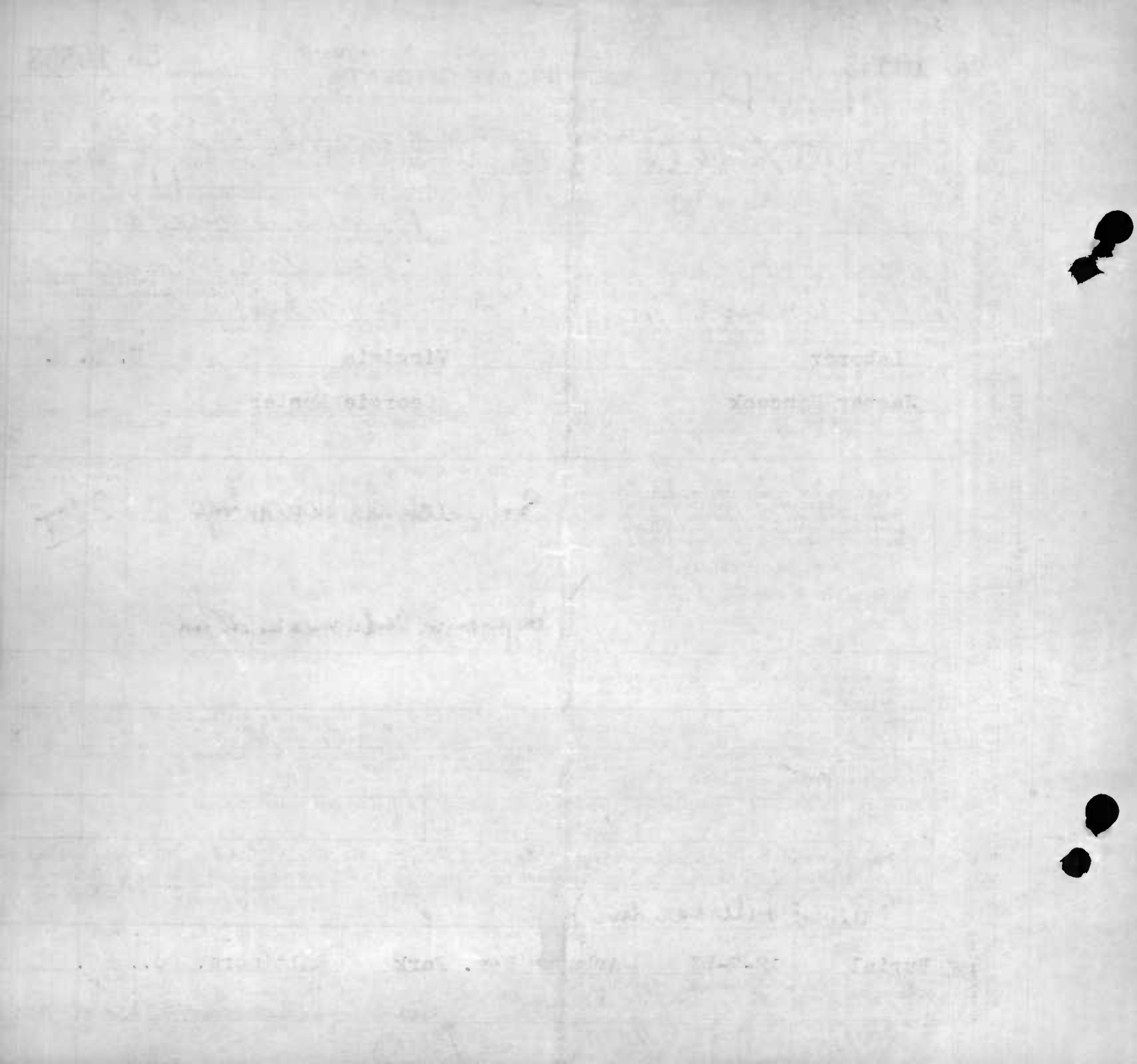
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10553

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Erwan Hancock</i>		2. DATE OF DEATH <i>Nov. 28, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. School</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1021 Madison Ave</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>2-2-1912</i>	9. AGE (In years last birthday) <i>41</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
13. FATHER'S NAME <i>Jasner Hancock</i>		14. MOTHER'S MAIDEN NAME <i>Georgie Hunter</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Subarachnoid Hemorrhage</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertension Cardiovascular disease</i> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11-27-1953</i> to <i>11-28-1953</i> that I last saw the deceased alive on <i>11-28-1953</i> and that death occurred at <i>11:30 a.m.</i> from the causes and on the date stated above.							
23A. SIGNATURE <i>Edward L. Alexander Jr.</i> M. D.				23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-2-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Co., Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 1 - 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		25. FUNERAL DIRECTOR <i>Jesse W. Biddle</i>		ADDRESS <i>578 W. Biddle</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10554
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lewis Stinson

2. DATE
OF
DEATH

Nov. 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

022

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
A. STATE B. COUNTY

Ind.

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dundalk

D. STREET ADDRESS (If rural, give location)

106 Awoodale Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11-18-1888

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Lancaster S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

240-18-5873

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Massive melana

INTERVAL BETWEEN
ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

(B) DUE TO

Ulceration of large bowel

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

Hypertension Cardiovascular disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., home or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18, 1953 to 11/29, 1953, that I last saw the
deceased alive on 11/29, 1953, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward R. Allen

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Nov 30, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-2-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A.A.C.O., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

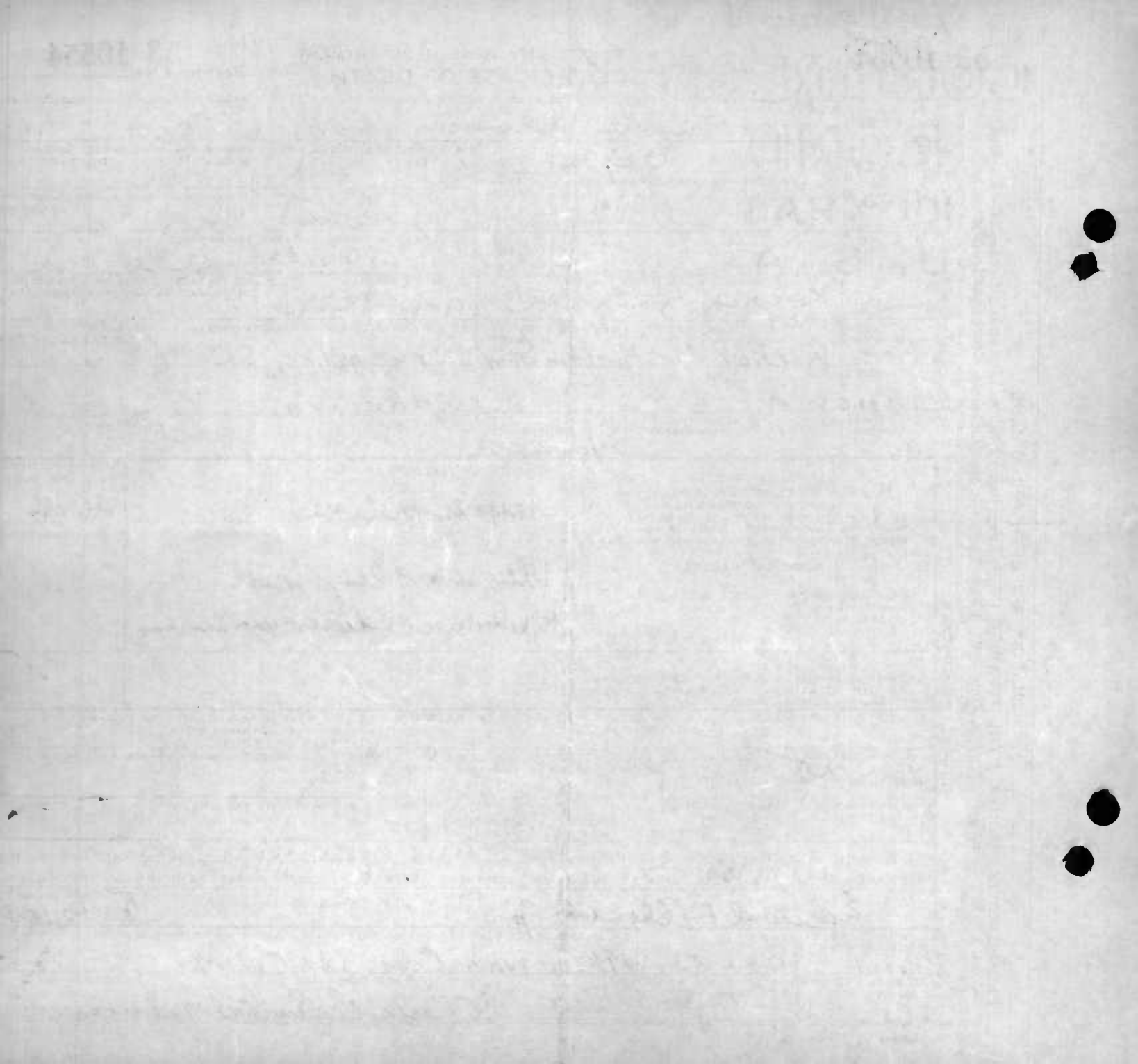
Charles L. Law, 802 Mad. Ave.

ADDRESS

DEC 1 - 1953

VS 150

6903A



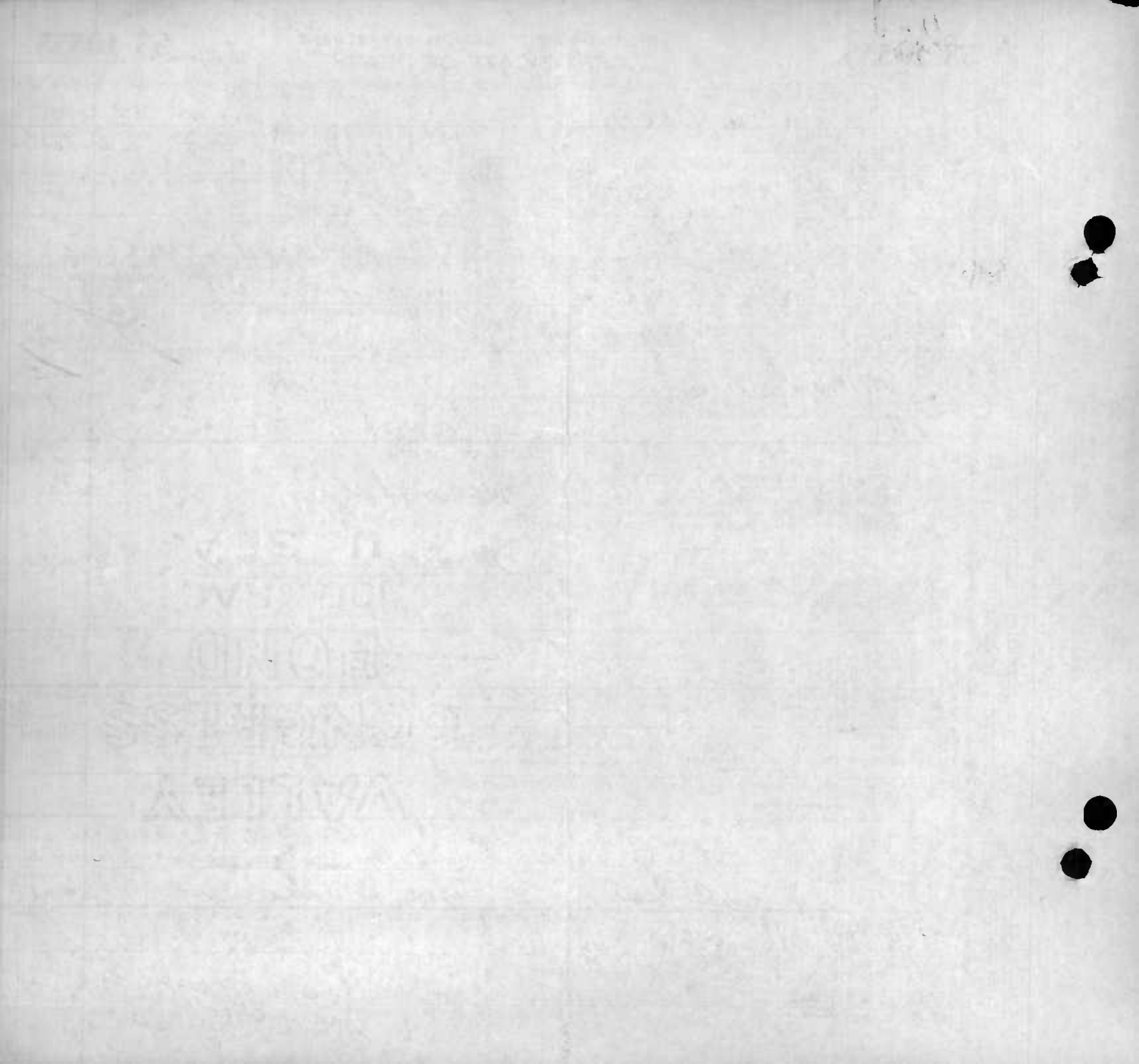
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10555

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 10555

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mrs Eva Doyle</i>		2. DATE OF DEATH <i>11-29-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>Life</i>		O. STREET ADDRESS (If rural, give location) <i>4703 Bellwood Green 27</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>Nov. 18-1909</i>	9. AGE (In years last birthday) <i>44</i>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Checker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Montgomery Ward & Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>William Varine</i>		14. MOTHER'S MAIDEN NAME <i>Sophie Kraft</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>2-12-30-3290</i>		17. INFORMANT <i>Carroll R. Doyle</i> ADDRESS <i>4703 Bellwood Green</i>	
18. <i>204.2</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hemorrhage</i>		CAUSE OF DEATH (A) <i>Hemorrhage</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Monocytic Leukemia</i>		(B) <i>Monocytic Leukemia</i> DUE TO		<i>6 mos.</i>	
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April</i> 19 <i>53</i> , to <i>Nov 27</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Nov 28</i> , 19 <i>53</i> , and that death occurred at <i>12:10</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. Earl Pass</i>		23B. ADDRESS <i>4001 Wilkens Ave</i>		23C. DATE SIGNED <i>11-29-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 2-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Oliver</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		25. FUNERAL DIRECTOR <i>Burgess Funeral Home</i> ADDRESS <i>3631 Falk Road</i> <i>Horace F. Burgess</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 1-1953</i>		REGISTRAR'S SIGNATURE <i>William H. Hallahan</i>		25. FUNERAL DIRECTOR ADDRESS <i>3631 Falk Road</i> <i>Horace F. Burgess</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10556

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHESTER C. FORD

2. DATE
OF
DEATH

NOV. 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3450 Hickory Ave 11

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-24-1897

9. AGE (In years last birthday)

56

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WATCHMAN

10B. KIND OF BUSINESS OR INDUSTRY

Md. State Roads

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HARRY C. FORD

14. MOTHER'S MAIDEN NAME

NANCY V. DANDY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Florence Baublitz 3368 Hickory Ave

18. 155X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of the liver to metastases to abdominal viscera

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fecal fistula

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

Nov. 11, 1953

19B. MAJOR FINDINGS OF OPERATION

Fecal fistula; abdominal mass

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 27, 1953, to Nov. 29, 1953, that I last saw the deceased alive on Nov. 25, 1953, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard L. Lion

M. D.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

Nov. 29, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 2-1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burgee Funeral Home 3631 Falls Road

ADDRESS

Norace F. Burgee

VS 150

763 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10557

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10557
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Ellen Sprucebank

2. DATE
OF
DEATH November 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2723 Hampden Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2723 Hampden Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 22, 1875

9. AGE (in years,
last birthday)

78

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Christopher Sterling

14. MOTHER'S MAIDEN NAME

Elizabeth Cavanaugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
William M. Sprucebank 2723 Hampden Avenue

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Broncho-Pneumonia*
DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Asterio-sclerotic Cardiovascular*
DUE TO *disease*

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20, 1953, to 11/29, 1953, that I last saw the
deceased alive on 11/29, 1953, and that death occurred at 3:45 A. M., from the causes and on the date stated above

23A. SIGNATURE

A. H. Ellis

M. D.

23B. ADDRESS

2902 Huntington Ave

23C. DATE SIGNED

11/30/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's (Hampden)

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 1-1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

Burgee Funeral Home 3631 Falls Road

ADDRESS

Horace F. Burgee

VS 150

Mr. Hays
2907 Huntington Ave.
B35-4426

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

53 K-530 10558		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10558 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) OTTO KENNEDY			2. DATE OF DEATH 11-29-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 20 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 561 Dolphin Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Mar. 6, 1916	9. AGE (In years last birthday) 37	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (State or foreign country) S. Lynchburg, Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harbrie Kennedy			14. MOTHER'S MAIDEN NAME Helen Wilcox		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Bessie Kennedy - Moore ADDRESS		
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Pulmonary Tuberculosis (B) (C)		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> 23C. DATE SIGNED 11-30-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 3, 1953	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 - 1953		REGISTRAR'S SIGNATURE H. J. Williams		25. FUNERAL DIRECTOR Charles R. Law, 802 Madison Ave	

2000 20

2000 20

RECEIVED
JAN 10 1960

DO



A 416
53 10559BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10559

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mamie Albert

2. DATE
OF
DEATH

11/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5410 Bal Air Road

C. Length of stay in Baltimore

78

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE MARRIED,
WIDOWED DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

8/18/74

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel Blessing

14. MOTHER'S MAIDEN NAME

Catharine Frostberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

a) Peripheral Vascular Collapse

28 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

b) Myocardial Infarction

24 hrs

c) Adenocarcinoma of Rectum

1-24 hrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/26/53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Intestinal Obstruction

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1953, to 11/28, 1953, that I last saw the
deceased alive on 11/28, 1953, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lemuel H. Flap

M. D.

23B. ADDRESS

May Hospital

23C. DATE SIGNED

11/28/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 2, 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 1 - 1953

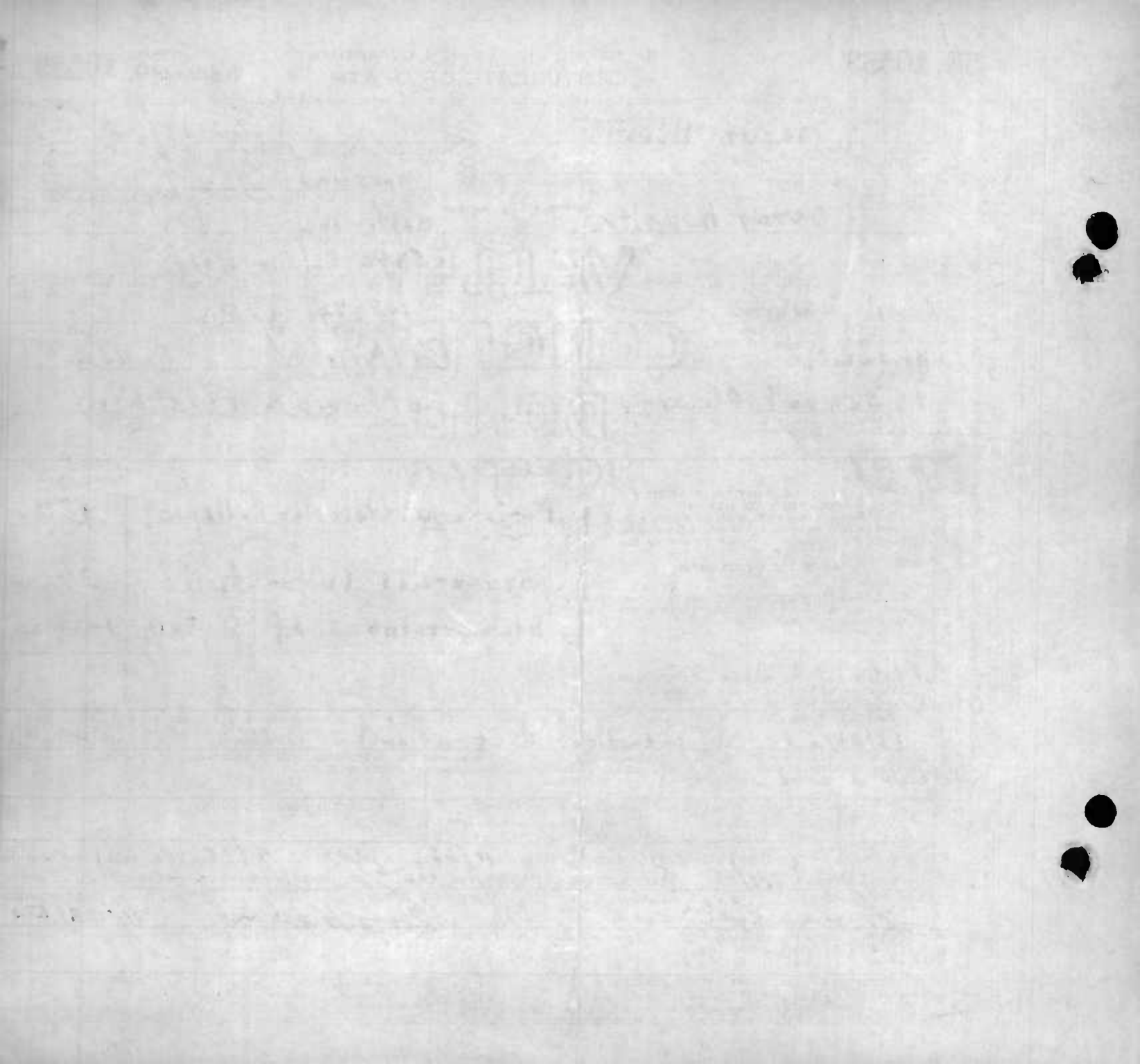
Huntington Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

Baltimore Md.



53 10560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10560

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELSIE NAOMI COLE

2. DATE
OF
DEATH

11/20/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

BALTIMORE

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONUNION MEMORIAL
HOSPITAL

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL, and give township)

c. Length of stay in Baltimore

71 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1201 N. MILTON AVE #13

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb 4, 1882

9. AGE (In years last birthday)

71

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William M. Cole

14. MOTHER'S MAIDEN NAME

Fannie Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary M. Cole

ADDRESS

1201 N. Milton Ave

18. 420.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute Sclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

~2-3 yrs
before

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension - Sclerosis

69 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 18, 1952, to November 20, 1953, that I last saw the deceased alive on 11/15 AM, 1953, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

F. M. Carlee Jr

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

11/30/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore County Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC

ADDRESS

Baltimore Md.

F. M. Carlee

1941



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

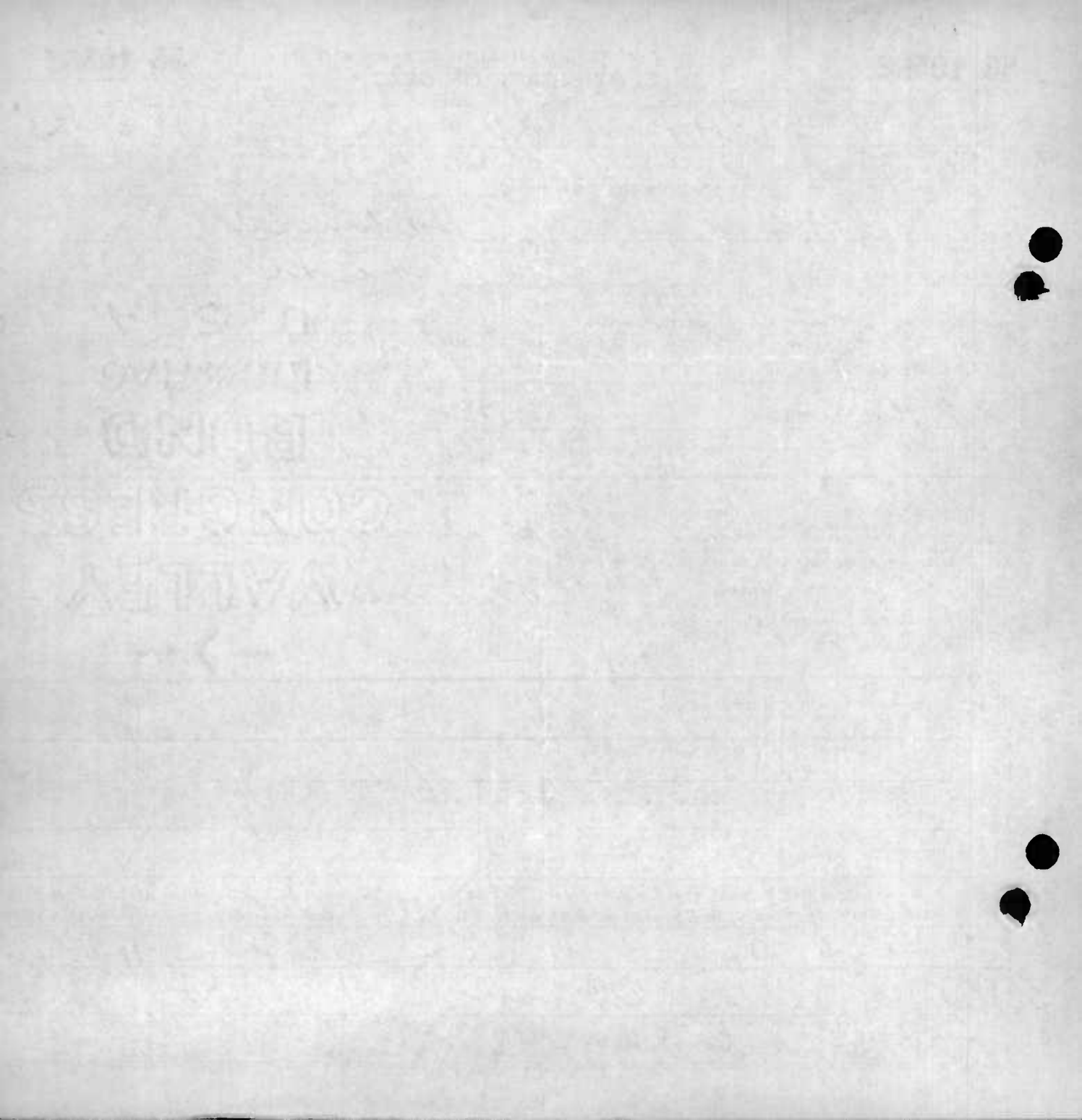
K-500		BALTIMORE CITY HEALTH DEPARTMENT		53 10561	
53 10561		CERTIFICATE OF DEATH		Registered No. _____	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mr. Charles Kahn		11-30-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION HEBREW HOME FOR AGED		C. CITY OR TOWN BELTO.		27-17	
e. Length of stay in Baltimore 20 65 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4905 PALMER AVE			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH	9. AGE (In years last birthday) 78	If Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELES MAN		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) RUSSIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME NOT KNOWN		14. MOTHER'S MAIDEN NAME NOT KNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Wm. Kahn - 2439 KEYWORTH AVE		
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS / week DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. INTERVAL BETWEEN ONSET AND DEATH Atherosclerosis years (B) DUE TO (C)		CAUSE OF DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-8, 1951, to 11-30, 1953, that I last saw the deceased alive on 11-30, 1953, and that death occurred at 7 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Jerome J. Blumbers M.D.		23B. ADDRESS Levinvale House		23C. DATE SIGNED 11-30-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-1-53	24C. NAME OF CEMETERY OR CREMATORY ARLINGTON	24D. LOCATION (City, town, or county) (State) BELTO. MD	
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Jack Lewis Inc - 2100 Eutaw PL	

WILEY
100 LBS
BOND
COMBRESS
WILEY

R-550
53 10562BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10562

BIRTH NO.		1. NAME OF DECEASED (Type or Print) SARAH ROMAN		2. DATE OF DEATH 11-30-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 70 Levindale		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17			
c. Length of stay in Baltimore 60 Yrs. Mos Days		D. STREET ADDRESS (If rural, give location) Levindale			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH	9. AGE (In years last birthday) 85	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Not known		14. MOTHER'S MAIDEN NAME Not known			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Hospital records	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Cerebral hemorrhage		3 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) arteriosclerosis		years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 1942 to 11-30, 1953 that I last saw the deceased alive on 11-30, 1953, and that death occurred at 7 ²⁰ p.m., from the causes and on the date stated above.					
23A. SIGNATURE Henry Nagel		23B. ADDRESS M. O. Levindale Home		23C. DATE SIGNED 11-30-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-1-53		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. FUNERAL DIRECTOR ADDRESS Huntington Williams, Mort Jack Lewis 2100 Eutaw Rd			
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 - 1953		REGISTRAR'S SIGNATURE			



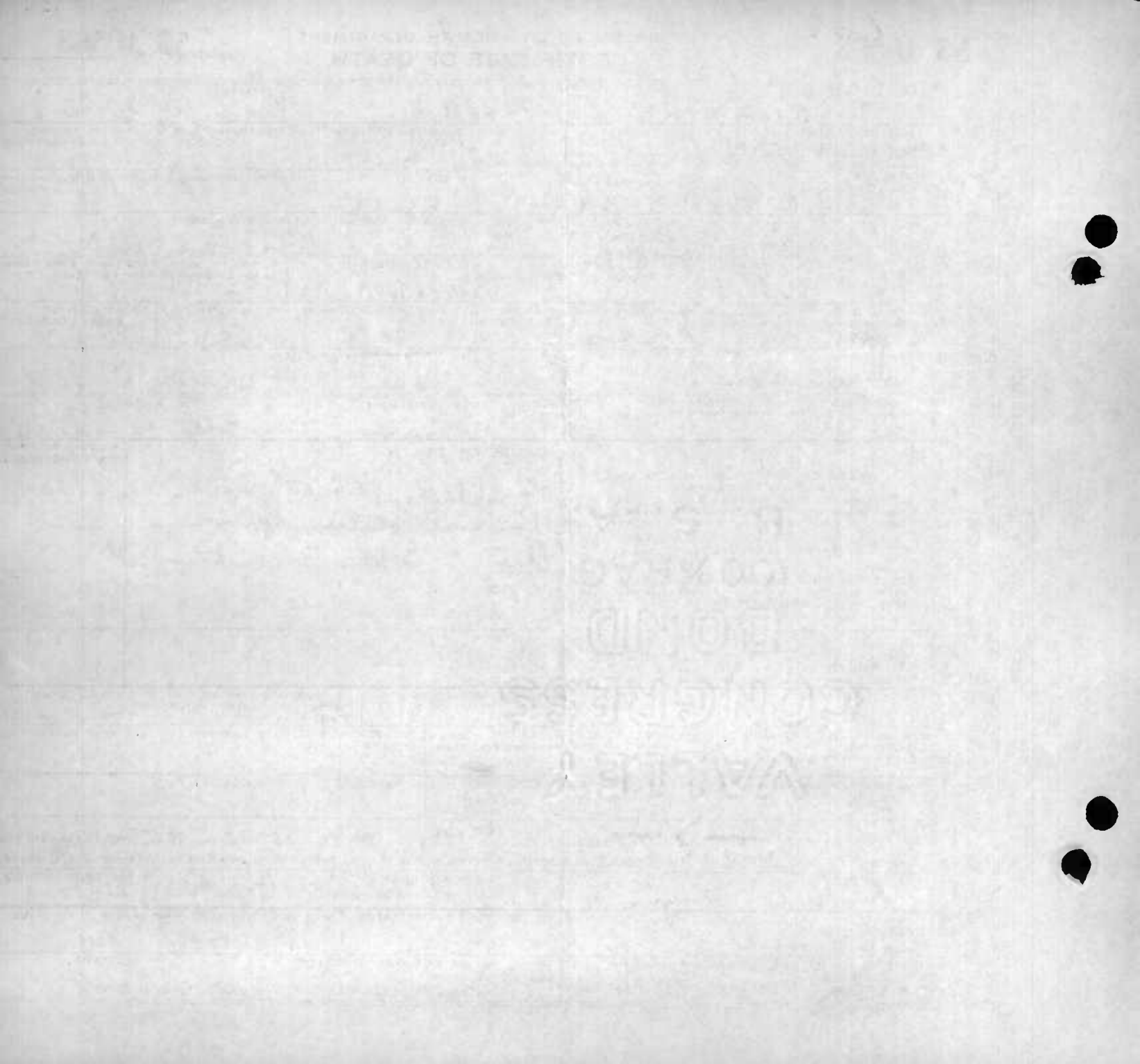
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-160
53 10563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10563

BIRTH NO.		1. NAME OF DECEASED (Type or Print) SHAPIRO Joseph		2. DATE OF DEATH 11-30-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 15-12			
B. FULL NAME OF HOSPITAL OR INSTITUTION University		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto			
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 3832 Park Heights Ave			
5. SEX M	6. COLOR OR RACE W	7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 8-12-06	9. AGE (In years last birthday) 47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank		10B. KIND OF BUSINESS OR INDUSTRY Hardware		11. BIRTHPLACE (State or foreign country) Balto Md.	
13. FATHER'S NAME Samuel		14. MOTHER'S MAIDEN NAME Soldie Perinow			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Sister Mrs Goldstone Goldstein	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Complete Heart Block DUE TO Adding Stokes Syndrome Arterio Sclerotic Heart disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-30 , 19 53 to 11-30 , 19 53 that I last saw the deceased alive on 11-30 , 19 53 and that death occurred at 2 P m., from the causes and on the date stated above.					
23A. SIGNATURE R. Felix Gonzales		23B. ADDRESS University Hospital		23C. DATE SIGNED 11-30-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-1-53		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) Balto Md.		24E. FUNERAL DIRECTOR Frank Lewis Inc - 2100 Ecton Pl.		24F. ADDRESS 3906 N	
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10564

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jack A London

2. DATE
OF
DEATH

11-30-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital of Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #15

D. STREET ADDRESS (If rural, give location)

2302 Ocata Avenue

6. Length of stay in Baltimore

46

7. SEX

Male

8. COLOR OR RACE

White

9. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10. DATE OF BIRTH

11. AGE (In years:
last birthday)

39

12. Under 1 Year
Months: Days13. Under 24 Hours
Hours: Min.14A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Insurance agent

14B. KIND OF BUSINESS OR
INDUSTRY

Insurance agent

15. BIRTHPLACE (State or foreign country)

Russia

16. CITIZEN OF
WHAT COUNTRY?

17. FATHER'S NAME

Joel

18. MOTHER'S MAIDEN NAME

Rachael

19. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)20. SOCIAL
SECURITY NO.

21. INFORMANT

ADDRESS

Irene London - Same

22. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

(B)

DUE TO

Coronary atherosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Pulmonary Infection

23A. DATE OF OPERATION

23B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II24. AUTOPSY?
YES ☐ NO ☒25A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)25B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)25C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?26A. TIME (Month) (Day) (Year) (Hour)
OF INJURY

26B. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

26C. HOW DID INJURY OCCUR?

27. I hereby certify that I attended the deceased from 11-25, 1953, to 11-30, 1953, that I last saw the
deceased alive on 11-30, 1953, and that death occurred at 3p m., from the causes and on the date stated above.

28A. SIGNATURE

28B. ADDRESS

28C. DATE SIGNED

John P. [Signature]

Sinai Hospital

11-30-53

29A. BURIAL, CREMA-
TION, REMOVAL (Specify)

29B. DATE

29C. NAME OF CEMETERY OR CREMATORY

29D. LOCATION (City, town, or county)

(State)

Burial

12-1-53

Rosedale

Balto

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 1 - 1953

Thurston Williams, M.D.

Jack Lewis

2100 Cutaw Rd

VS 150

45073

ADAMS & CO.

NEW YORK

1871



W-340

CERTIFICATE CORRECTED

12-8-53

53 10565

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10565

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martin Luther Weddle

2. DATE
OF
DEATH

11-30-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2108 W. Boyd St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2108 W. Boyd St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Thurmont

C. Length of stay in Baltimore

3

Yrs.
Mos.
Days

W. Maine

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 29, 1868

9. AGE (in years
last birthday)

85 yrs

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

7 1

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Farm

11. BIRTHPLACE (State or foreign country)

Fredrick County

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John W. Weddle

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
215-18-2933

17. INFORMANT

Reba Hickmon Box 377, Rt. 14
Baltimore, Md.

ADDRESS

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Coronary occlusion about 1 hr

DUE TO

ANTECEDENT CAUSES

(B)

arteriosclerotic C.V.D.

DUE TO

years

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29, 1953 to 11-30, 1953, that I last saw the
deceased alive on 11-29, 1953 and that death occurred at 7A.M., from the causes and on the date stated above.

23A. SIGNATURE

S. Highstein

M.D.

23B. ADDRESS

888 W. Lombard St

23C. DATE SIGNED

11-30-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Dec 3-1953

Leviston Cem

Leviston

Fredrick Co Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 1 - 1953

Huntington Williams

M.L. Crager Len Thurmont Md

2000 00

RECEIVED

1000 00

1000 00



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

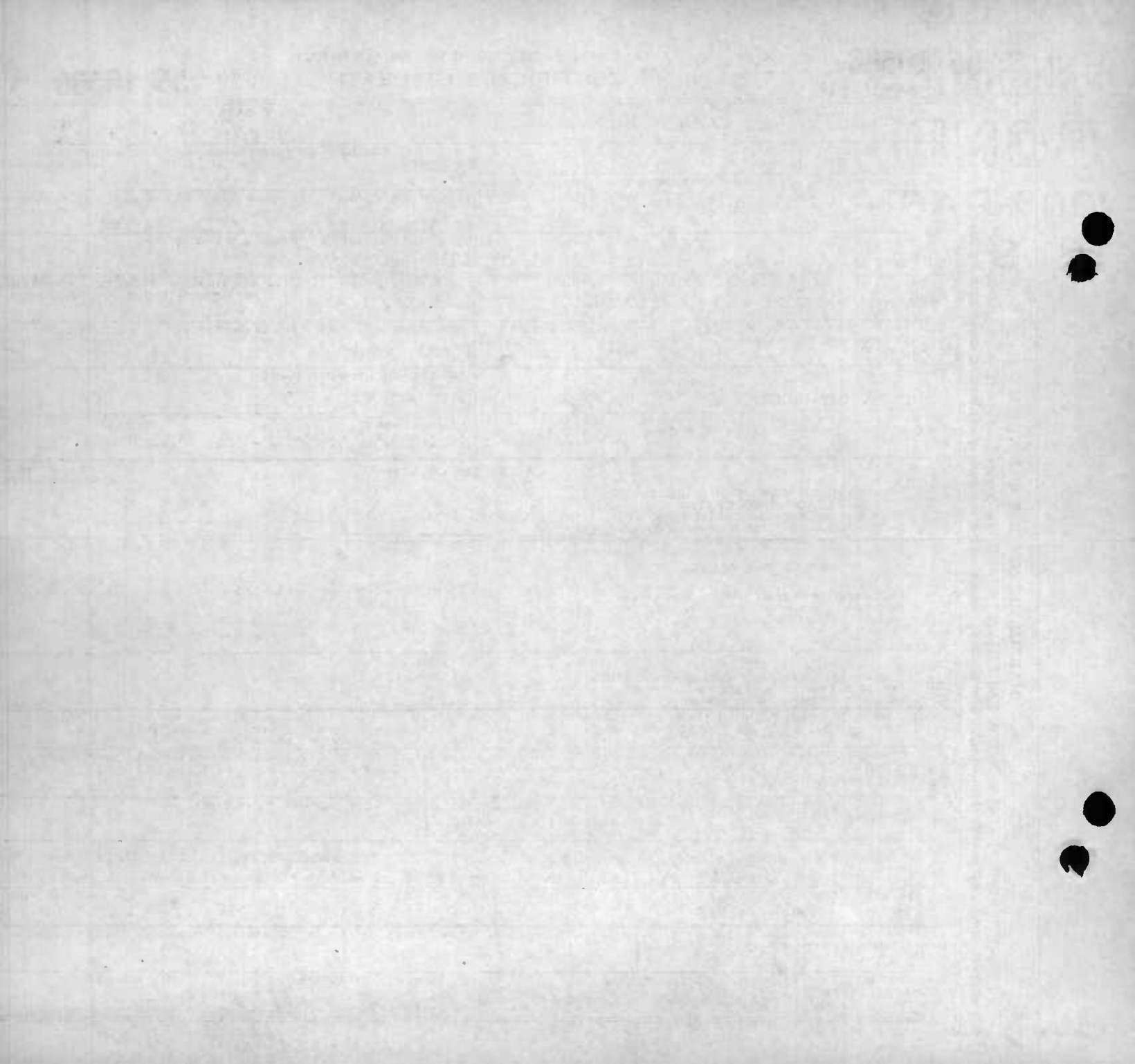
MARGIN RESERVED FOR BINDING

58 10566

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 58 10566

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		LAURA VIRGINIA BUNTING		2. DATE OF DEATH Nov. 30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2217 Roslyn Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 2217 Roslyn Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Feb. 17, 1860	9. AGE (In years last birthday) 93	10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Uriah S. Brownback				14. MOTHER'S MAIDEN NAME Mary Keesey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Edwin A. Smith-2217 Roslyn Ave.			
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cardio-vascular disease DUE TO (B) Arterio-sclerosis DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 2 yrs 10 yrs							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 10, 1953, to Nov 30, 1953, that I last saw the deceased alive on Nov 26, 1953, and that death occurred at 6 P. M., from the causes and on the date stated above.							
23A. SIGNATURE H. S. Tubatt				23B. ADDRESS 2220 Garrison Blvd M. D.		23C. DATE SIGNED Dec 11/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 12/1/53		24C. NAME OF CEMETERY OR CREMATORY Montgomery Cem.		24D. LOCATION (City, town, or county) (State) Norristown, Pa.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 - 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. J. Pickens & Sons		ADDRESS Balto. 17, Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-10567-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10567

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jackson Amanda

2. DATE
OF
DEATH

26 Nov 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

251 Robert St

c. Length of stay in Baltimore

35

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12 Aug 1903

9. AGE (In years
last birthday)

50

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Matthews, Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Diego

14. MOTHER'S MAIDEN NAME

Florence Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

Mr. Herbert L. Jackson
251 Robert St

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Vessel
DUE TO Disease. C Uremia.

unknown.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Nov 1953 to 26 Nov 1953 that I last saw the
deceased alive on 26 Nov 1953 and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert W. Gibbs

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park, Balto. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

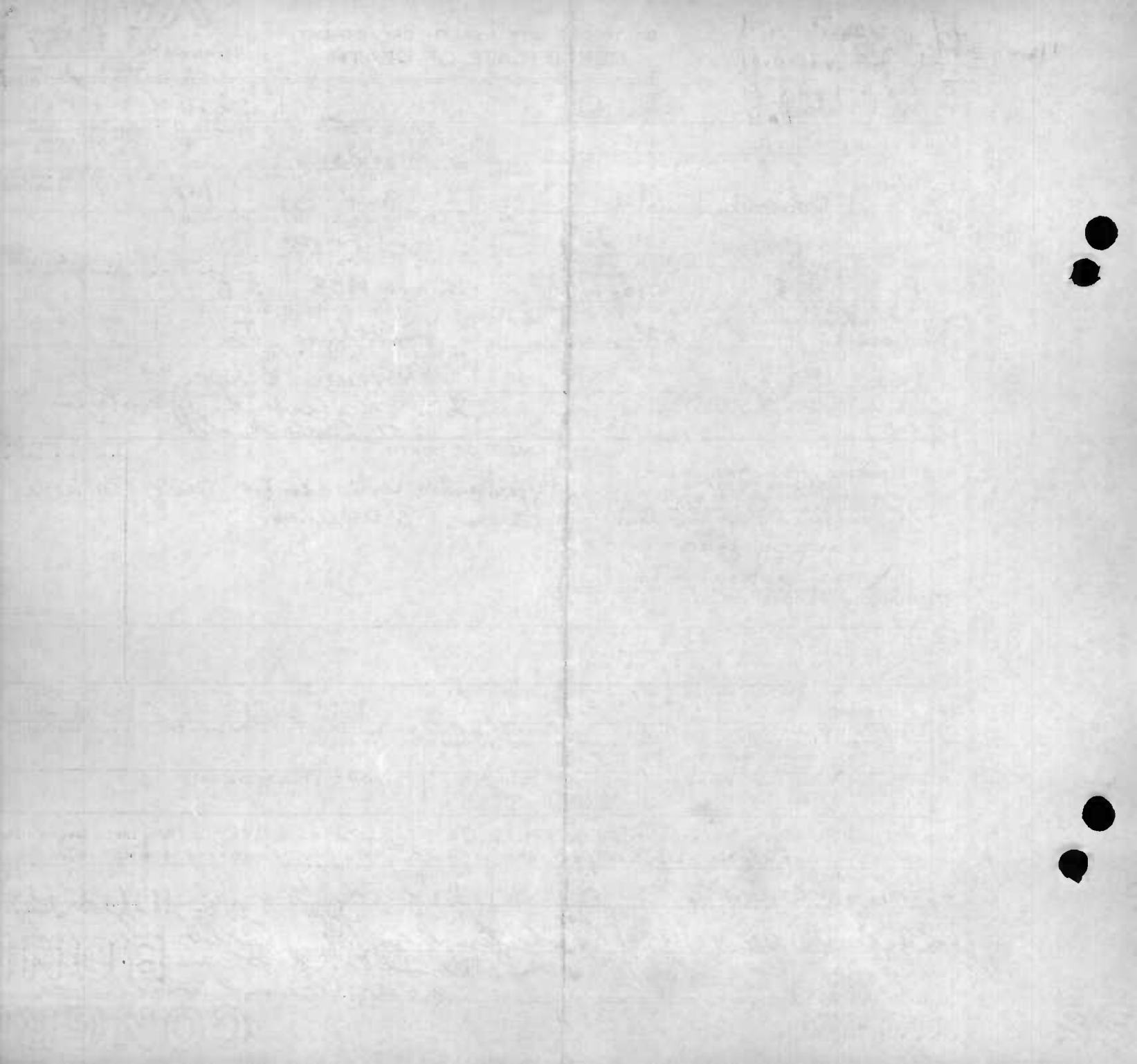
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

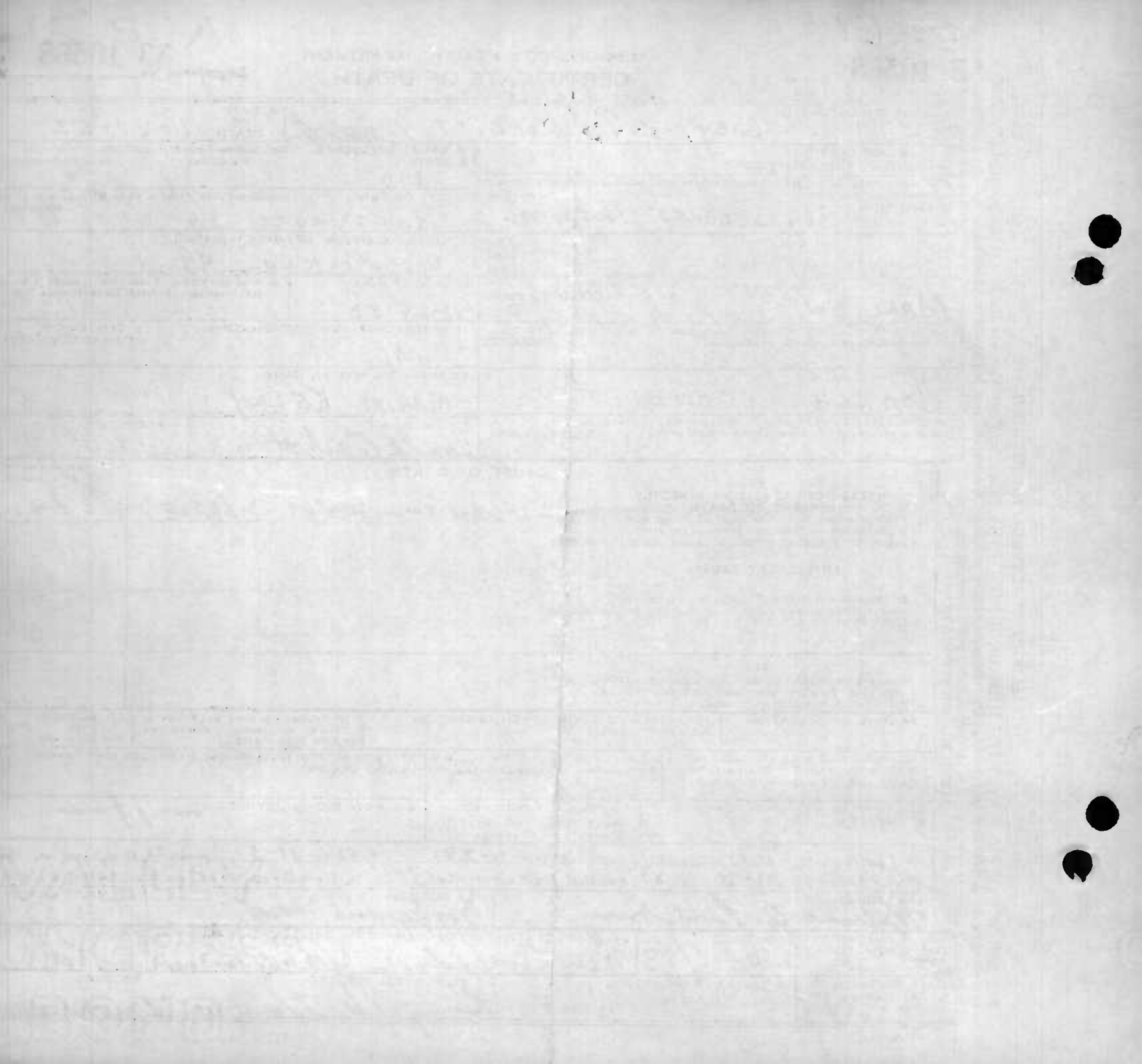
1631 David Hill Ave.

DEC 1 - 1953



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10568		BALTIMORE CITY HEALTH DEPARTMENT		53 10568	
BIRTH NO. 53-29242		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) BABY BOY ANDREW CORBITT, Michael		2. DATE OF DEATH 11-30-53			
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MD b. COUNTY 16-08			
b. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 29			
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 618 WICKLOW RD.			
5. SEX MALE	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 11-29-53	9. AGE (In years, last birthday)	If Under 1 Year Months: Days: Hours: Min. 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD.	
13. FATHER'S NAME DONALD CORBITT		14. MOTHER'S MAIDEN NAME MARIAN KELLY		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Donald Corbett, 618 Wicklow Rd.	
18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CONGENITAL HEART DISEASE		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 16 Mo.	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-29 , 19 53 , to 11-30 , 19 53 , that I last saw the deceased alive on 11-30 , 19 53 , and that death occurred at 10:15 m., from the causes and on the date stated above.					
23A. SIGNATURE William A. Pillsbury		23B. ADDRESS Bon Secours Hosp.		23C. DATE SIGNED 11-30-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 1/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Baltimore, Md.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS Harry F. Hutzler, 4101 Edmondson Ave			
DATE RECEIVED BY LOCAL REGISTRAR DEC 1-1953		REGISTRAR'S SIGNATURE Huntington Williams			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-560
53 10369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10369

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dommoeyer, Lizzie

2. DATE
OF
DEATH

12-1-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

University Hospital

C. Length of stay in Baltimore

10

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Jacob Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Balt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Middle River

D. STREET ADDRESS (If rural, give location)

Rt. 13 Box 303 Nally Neck Rd.

8. DATE OF BIRTH

4-15-84

9. AGE (in years last birthday)

69

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Mary Odermeal

17. INFORMANT

Geo. Rabold Essex, Md

ADDRESS

18. *260x*

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Congestive heart failure

DUE TO

Intermittent Cardio-Vascular disease

(B)

Diabetes Mellitus

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

4 wks.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-21*, 1953, to *12-1*, 1953, that I last saw the deceased alive on *11-30*, 1953, and that death occurred at *1 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

H. E. Winslow, Jr.

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

12-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

12-1-53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Latity

Pa

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Jr.

25. FUNERAL DIRECTOR

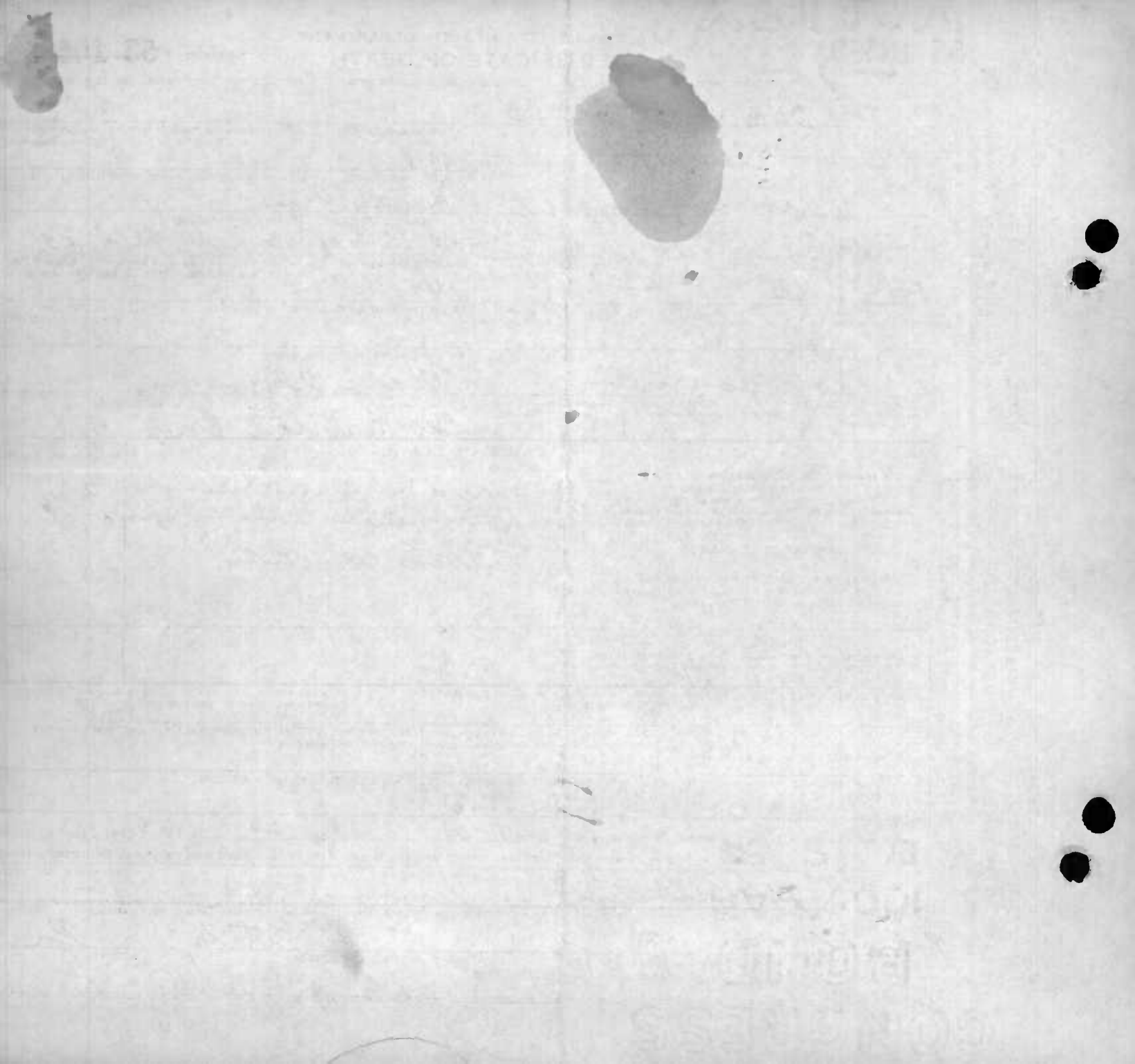
ADDRESS

John G. Cornelly Balto 21

DEC 1 - 1953

VS 150

1953 0010367



5-530
53 10570

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10570
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Smith

2. DATE OF DEATH

Nov. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital of Maryland

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

314 S. Central St

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE (MARRIED),

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 23, 1899

9. AGE (in years last birthday)

54

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, too if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Marion Backhaus

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

John Smith

ADDRESS

18. 420.0 and 260X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Congestive heart failure
DUE TO due to arteriosclerotic heart disease
(B) Kimmelstiel-Wilson's
DUE TO diabetes mellitus
(C) Pleural effusion

INTERVAL BETWEEN ONSET AND DEATH

4 years
6 mos

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 17, 1953 to Nov. 28, 1953 that I last saw the deceased alive on Nov. 28, 1953 and that death occurred at 3:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

Samuel J. Jeph

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

28/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 3/53

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Mary

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

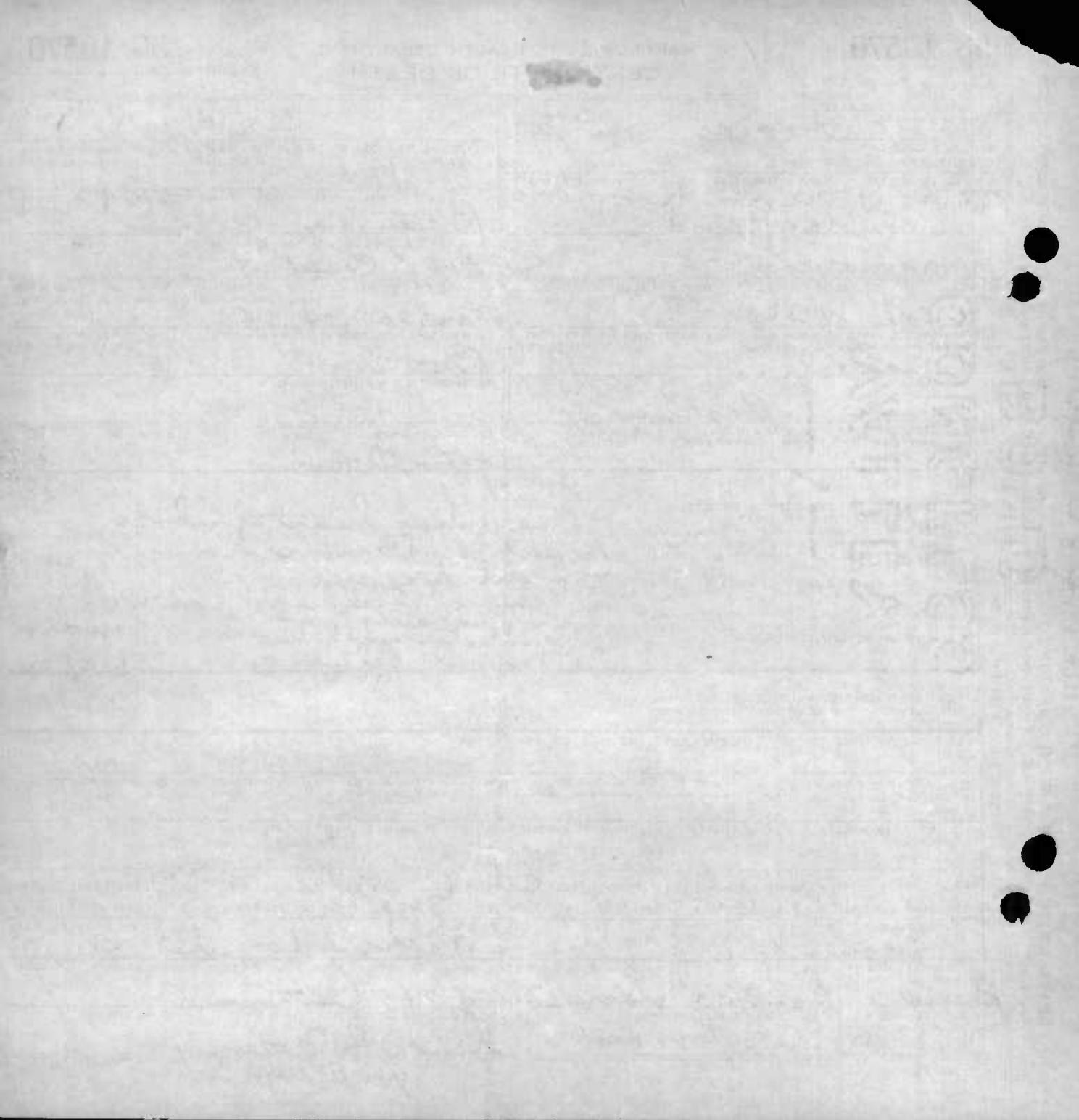
Huntington Williams

25. FUNERAL DIRECTOR

Fred N. Ozarewski

ADDRESS

1930 E. ... Ave



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB -173691 36053 10571		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10571 Registered No. _____	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH			
William/Gettier		Nov. 30-1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			A. STATE Maryland		
C. Length of stay in Baltimore 2mos. 7			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 207 N. High St. zone 2					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 15- 1879	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handy Man (Rtd.)			10B. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME William/Gettier			14. MOTHER'S MAIDEN NAME Amelia Reisinger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS 4940 Eastern Ave. Records: Baltimore City Hospitals	
18. E903.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture of Left Hip			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 3days CERTIFICATION APPROVED BY CHIEF OR ASST. MEDICAL EXAMINER.		
19A. DATE OF OPERATION 10-12-1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Judet Prosthesis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 207 N. High St. 5/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 8- 21- 53 m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell down (slipped and fell to floor)	
22. I hereby certify that I attended the deceased from 8-22- 1953, to 11-30- 1953 that I last saw the deceased alive on 11-30- 1953, and that death occurred at 2.45PM, from the causes and on the date stated above.					
23A. SIGNATURE H. Ashmun Jones			23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 12-1-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/2/53		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR 24m. J. Pickner & Sons			
DATE RECEIVED BY LOCAL REGISTRAR 1-1955		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS Baltimore 17, Md.	
VS 150 N 820.0 97099 To be approved by the Medical examiner					

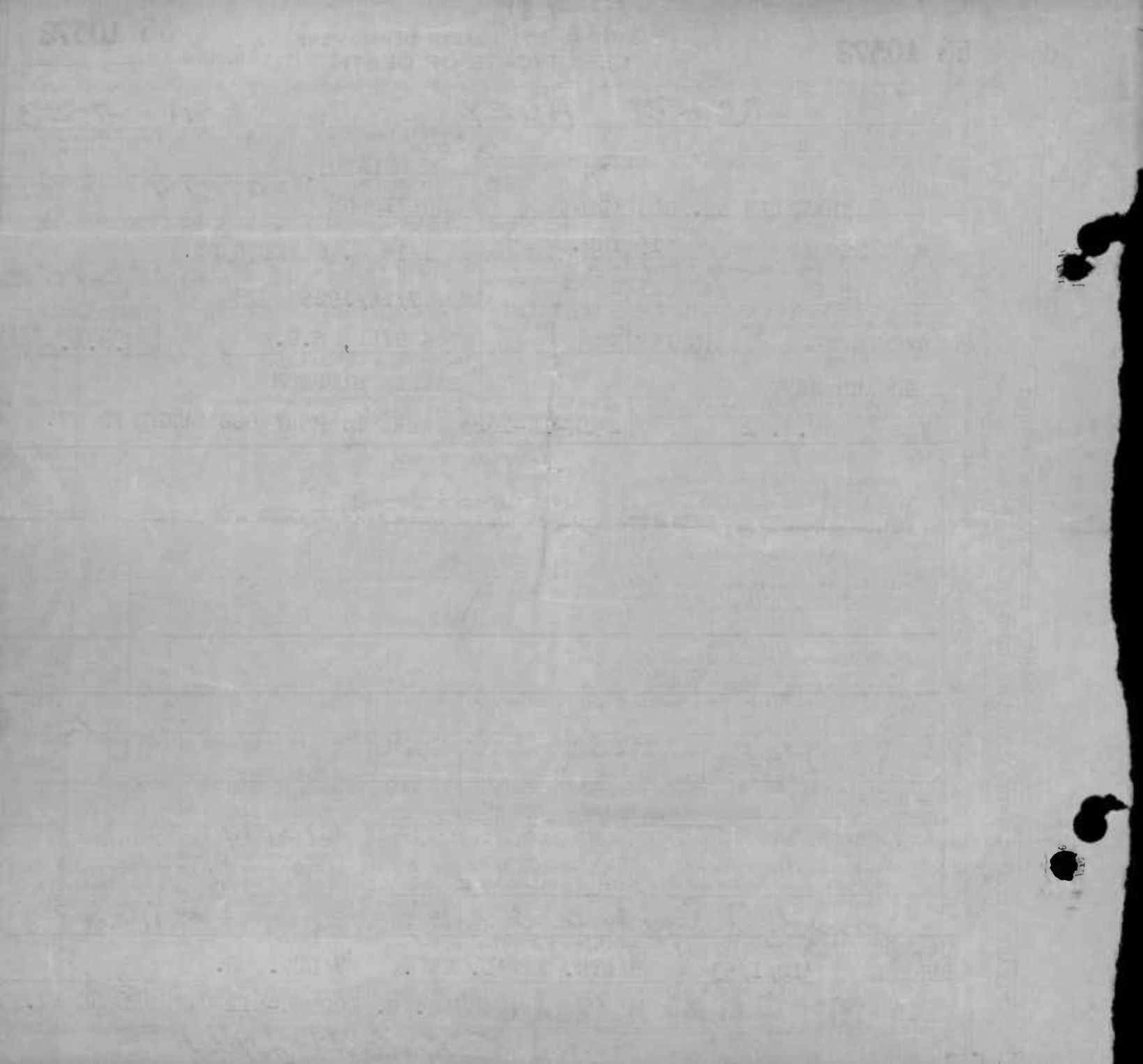
1000-10
VALLEY
CONGRESS
BOND
OFFICE
H.S. A

115

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 10572		53 10572		Registered No.	
BIRTH NO.				1. NAME OF DECEASED (Type or Print)		ROBERT HUEY		2. DATE OF DEATH 11-27-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SC. HOSP(DOA)		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND		C. CITY OR TOWN BALTIMORE	
c. Length of stay in Baltimore 15 YRS.				5. SEX M		6. COLOR OR RACE C		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEVEDORE				10B. KIND OF BUSINESS OR INDUSTRY SHIPPING		8. DATE OF BIRTH 7/24/1925		9. AGE (In years last birthday) 28	
13. FATHER'S NAME HOWARD HEUY				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. 2 14-14-1625		17. INFORMANT IRENE L. HEUY*608 DUKELAND ST.	
18. 465X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary thrombi DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Pulmonary thrombi (B) (C)		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>AUTOPSY</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				23A. SIGNATURE Joseph A. Jachimeyk M.D.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED 11-28-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/1/53		24C. NAME OF CEMETERY OR CREMATORY BALTO. NAT'L. CEM.		24D. LOCATION (City, town, or county) (State) BALTO. MD.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR THAS. E. COOPER		ADDRESS 512 CARROLLTON AV.			



53 10573

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10573

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

OSCAR

WILMORE

2. DATE
OF DEATH 11-30-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Morgue

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

726 W. Fayette Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/2/1897

9. AGE (In years last birthday)

56

10. Under 1 Year 11. Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

MOVING CO.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

AMOS WILMORE

14. MOTHER'S MAIDEN NAME

MARY K. GILBERT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

NO

16. SOCIAL SECURITY NO.

217-09-2099m

17. INFORMANT

MARY JENKINS-1313 BAYARD ST.

18. 443x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency

DUE TO Hypertensive Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

M.D.

23C. DATE SIGNED

11-30-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12/2/53

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEMETERY

24D. LOCATION (City, town, or county)

BALTO. MD.

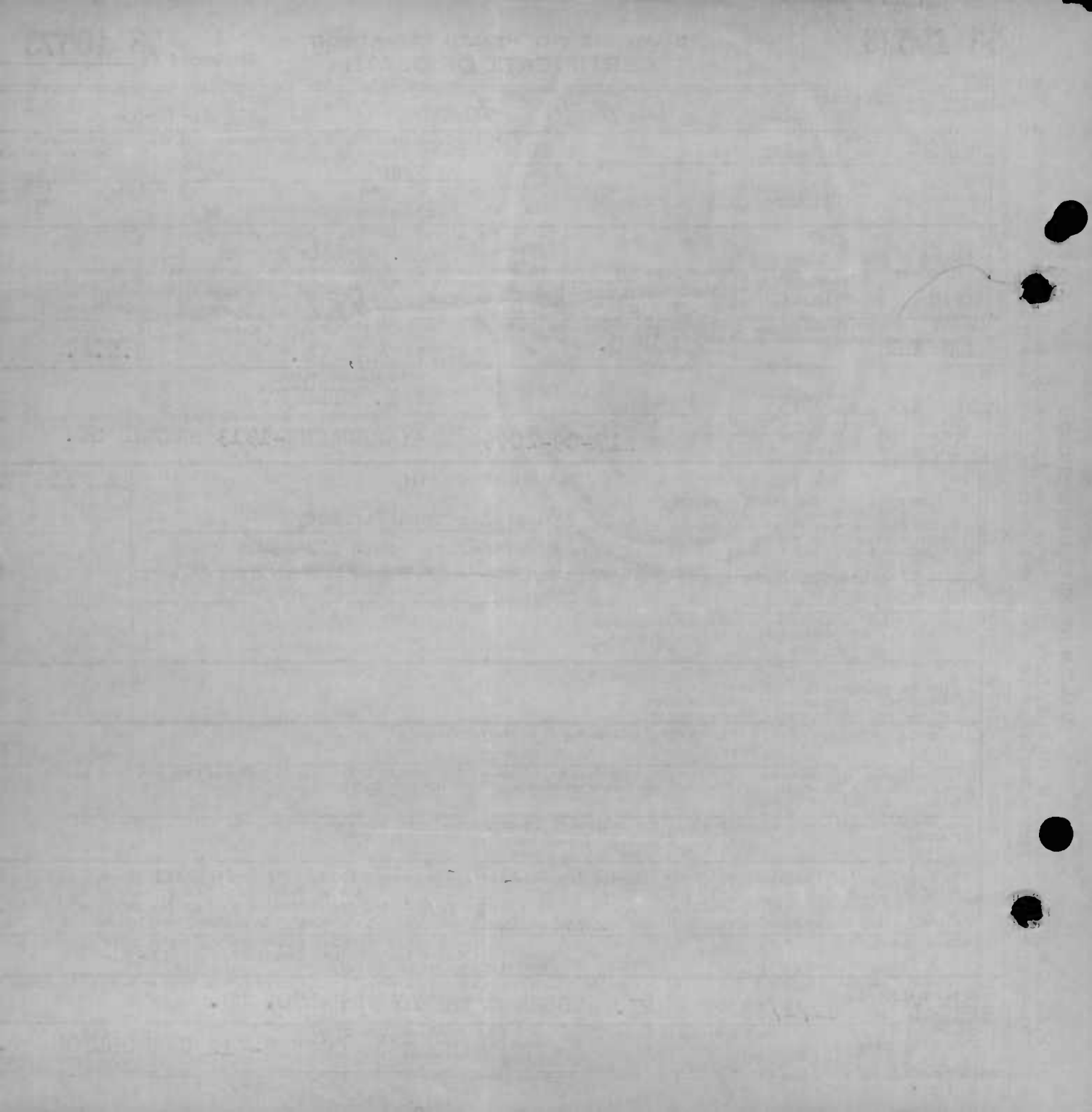
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Williams, M.D.

25. FUNERAL DIRECTOR

CHARLES G. COOPER-512 CARROLLTON AV.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10574

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Cimino, Lena* (Lena Panzarella Cimino)2. DATE
OF DEATH*November 30, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2724 N. Charles St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

City

Baltimore, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Doctors Hospital

C. CITY OR TOWN

1600 Rutland Ave.

D. STREET ADDRESS (If rural, give location)

1600 Rutland Avenue

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-16-1910

9. AGE (In years last birthday)

42 43

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Angelo Panzarella

14. MOTHER'S MAIDEN NAME

Minerzina

Ré

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.
218-14-9903

17. INFORMANT

ADDRESS

Mr. Salvatore Cimino-1600 Rutland Avenue

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*O. heart**years*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1/20/53* to *11/30/53*, that I last saw the deceased alive on *11/29/53*, and that death occurred at *10 Am.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. Smith

M. D.

23B. ADDRESS

1737 E. North Ave

23C. DATE SIGNED

11/30/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 4 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd. Balto: Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

ADDRESS

CERTIFICATE OF DEATH

(Name of deceased person)

DATE OF DEATH

AGE

SEX

PLACE OF BIRTH

DATE OF BIRTH

SEX

AGE

PLACE OF BIRTH

DATE OF DEATH

AGE

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10575**BIRTH NO. **53 10575**

1. NAME OF DECEASED (Type or Print) NATHAN MILLER			2. DATE OF DEATH Nov. 30, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write full name of township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2120 E. Fayette St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1896	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY Retired		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT Myer Solomon			ADDRESS 4015 Chatham Pl.		

18. **581.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fatty metamorphosis of liver**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimczyk

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
Dec. 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

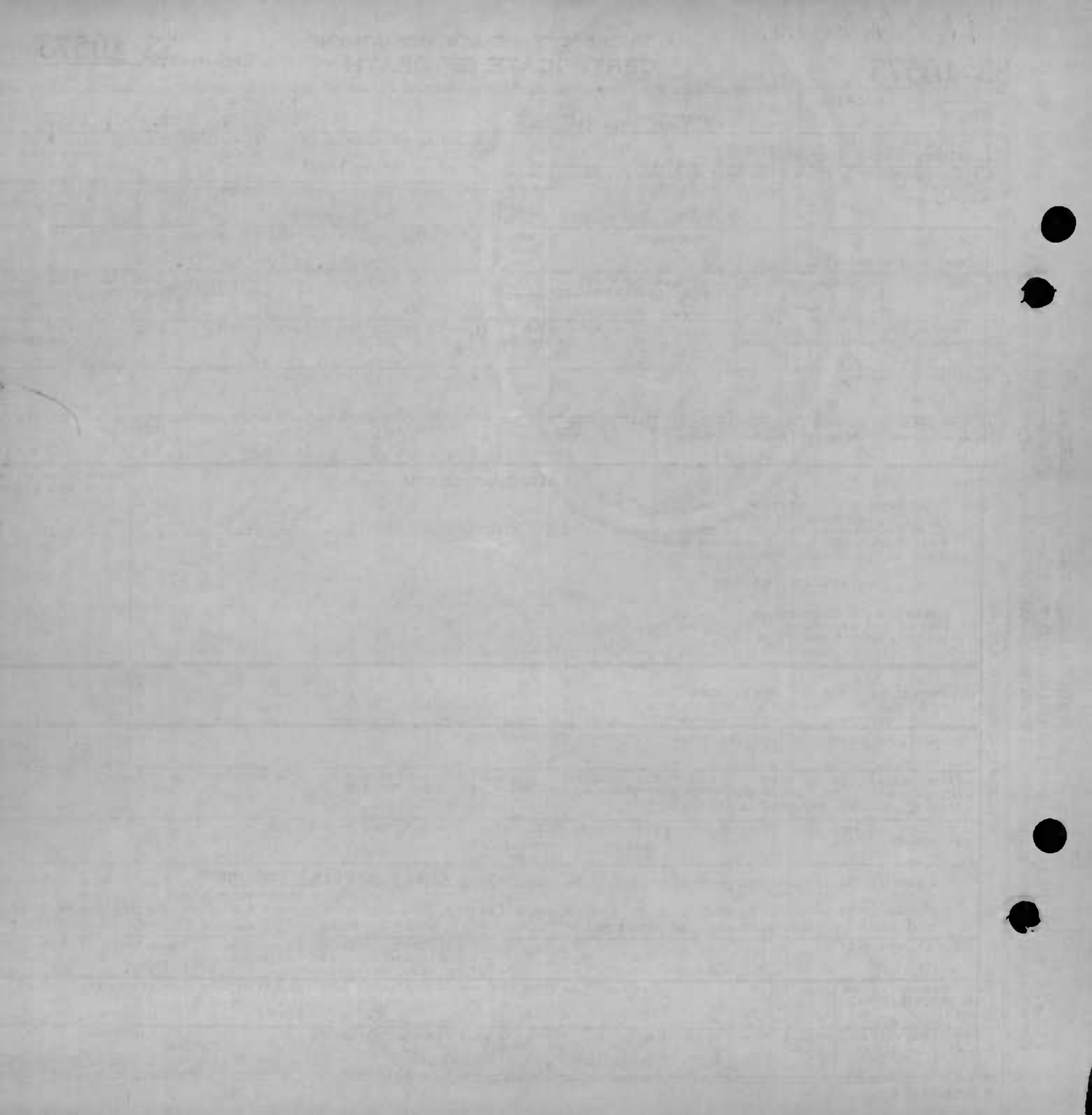
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-200

53

10576

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 10576

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KALMAN WEISS

2. DATE
OF
DEATH

11/30/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Maryland
Baltimore

D. STREET ADDRESS (If rural, give location)

5 N. Exeter Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5-1-78

9. AGE (In years last birthday)

75

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Hotel

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Morris Weiss

14. MOTHER'S MAIDEN NAME

Hannah Weinsticker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

William Weiss

ADDRESS

1626 N. Exeter Ave

18. 465X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Broncho pneumonia

DUE TO

(B)

Pulmonary Embolism

DUE TO

(C)

Gastric Ulcer

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30 1953, to 11/30 1953, that I last saw the deceased alive on 11/30 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William Storman M.D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

12-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

12/1/53

24C. NAME OF CEMETERY OR CREMATORY

Montefiore Cemetery

24D. LOCATION (City, town, or county)

Montgomery County Pa

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 1 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. L. Blumstein & Bros

ADDRESS

1126 N. North Ave

2001 10

2001 10

1000 IV

1000 IV

1000 IV

1000 IV

1000 IV

1000 IV

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10577BIRTH NO. 53 105771. NAME OF DECEASED
(Type or Print)*Douglas Hamilton*2. DATE
OF
DEATH*Nov/30/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*2001 Greenberry Road*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore City

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore City 27-15

D. STREET ADDRESS (If rural, give location)

2001 Greenberry Road

c. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

*Feb. 10 - 1891*9. AGE (in years
last birthday)*62*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Florist*10B. KIND OF BUSINESS OR
INDUSTRY*Florist*

11. BIRTHPLACE (State or foreign country)

*Baltimore Co., Md.*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

James Hamilton

14. MOTHER'S MAIDEN NAME

*Eva Barnitz*15. WAS DECEASED
(Yes, no or unknown)*No*16. SOCIAL
SECURITY NO.*None*

17. INFORMANT

*None*ADDRESS
*Mr. Robt. B. Hamilton (bro.) Greenberry Rd.*18. *155x*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Carcinoma - Liver*

DUE TO

3 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *generalized Carcinomatosis*

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept 1953

19B. MAJOR FINDINGS OF OPERATION

Carcinoma - Es B - Liver

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct 6*, 19*53* to *11-30*, 19*53* that I last saw the
deceased alive on *11-29*, 19*53*, and that death occurred at *2:45* m., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence J. Lawrence

M. D.

23B. ADDRESS

5711 Jolly Rd.

23C. DATE SIGNED

*11-30-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

Dec-2-1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lawrence J. Lawrence

25. FUNERAL DIRECTOR

Stewart & Mowen Company

ADDRESS

108 W. North Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10578
Registered No.W-400
53 10578
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>(Andrew)</u> <u>A. EDWARD WILL</u> <u>SR</u>			2. DATE OF DEATH <u>December 1, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>26</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>4234 Seidel Avenue</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 19-1901</u>	9. AGE (In years last birthday) <u>52</u>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE - Glenn L. Martin</u>			11. BIRTHPLACE (State or foreign country) <u>Baltimore Md</u>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Andrew F. Will</u>			14. MOTHER'S MAIDEN NAME <u>Catherine Kilduff</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Mrs. Elizabeth C. Will-Seidel</u>			ADDRESS <u>4234 Seidel</u>		

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B) Healed myocardial infarcts

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Pulmonary edema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Joseph G. Jackson23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Dec. 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

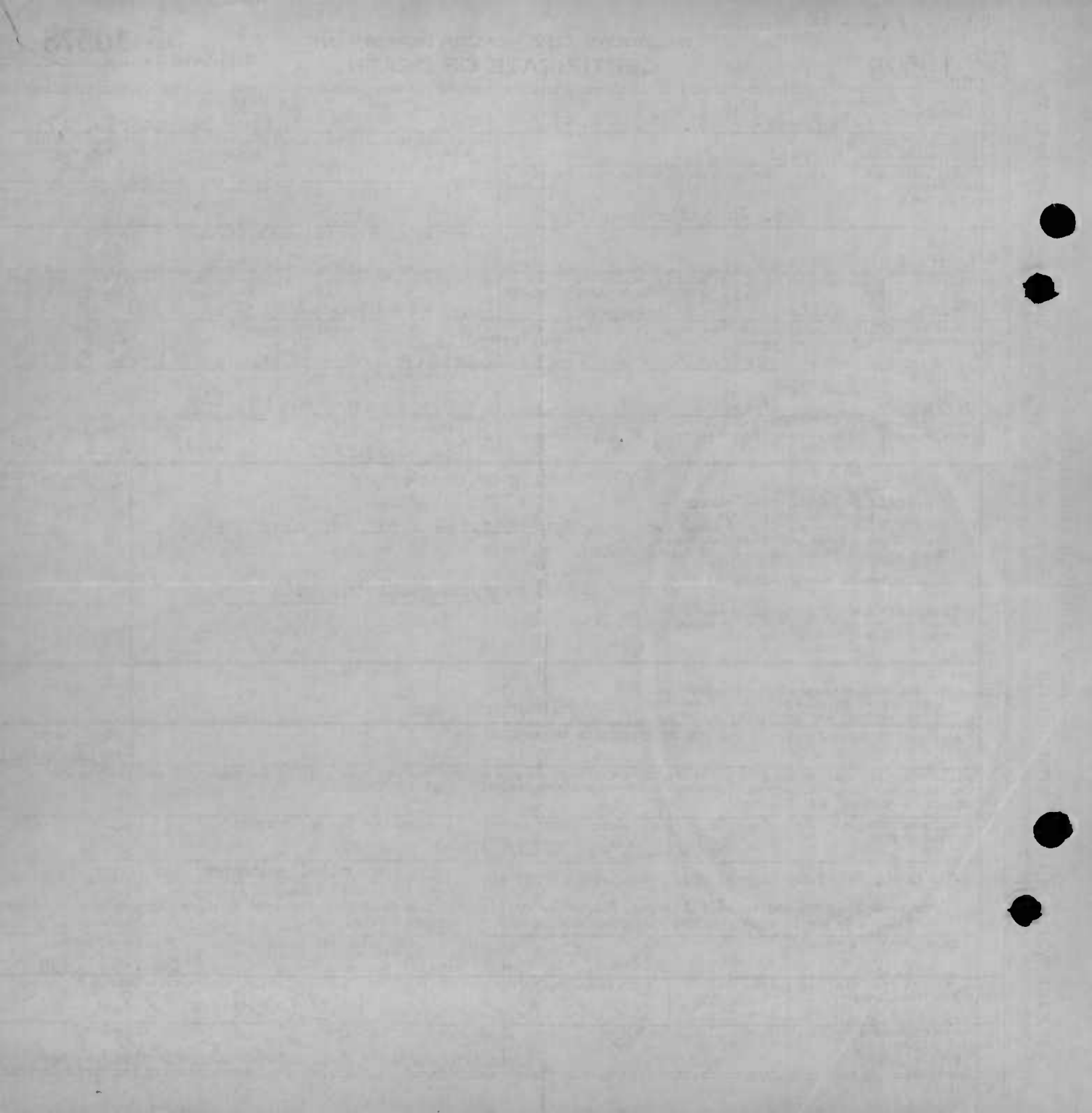
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS



53

10579

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10579
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miss Rose E. Haneschlager

2. DATE
OF
DEATH

Nov. 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4208 Willshire Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4208 Willshire Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

July 14, 1882

9. AGE (In years
last birthday)

71

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Kramer Bros. Clothing

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Philadelphia, Penna

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Haneschlager

14. MOTHER'S MAIDEN NAME

Rose Wendelberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-05-7254

17. INFORMANT

ADDRESS 4208

Mr. Charles Haneschlager, Willshire

18. 170x and 260x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Left Breast
& metastases of Liver

DUE TO

ANTECEDENT CAUSES

(B)

Diabetes

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1945-0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Ca of Breast

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1951, to Nov 30, 1953, that I last saw the
deceased alive on Nov 29, 1953, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Albert Scagnetti

M. D.

23B. ADDRESS

1729 W Lombard St

23C. DATE SIGNED

11/30/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county)

A. A. Co. Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10580**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jacob Naumann

2. DATE
OF
DEATH

11/30/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
a. STATE b. COUNTY before admission)

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

213 E. Cross St.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

d. STREET ADDRESS (If rural, give location)

213 E. Cross St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/22/1882

9. AGE (in years
last birthday)

71

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of work log life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Shipyard

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

August Naumann

14. MOTHER'S MAIDEN NAME

Anna Urban

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-09-0160

17. INFORMANT

Mrs. Augusta Naumann

ADDRESS

Same

18. **420.1 and 260X**
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Coronary Heart Disease 2 daysINTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C) DUE TO**Hypertension - arteriosclerosis**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Diabetes 2 years
cerebral accident 4 months**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1952 to 11/30/53, 1953, that I last saw the
deceased alive on 11/30, 1953, and that death occurred at 7:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/3/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 1 - 1953

Huntington Williams, Jr.

John F. Denny, Inc. 715 Light St.

NEW YORK CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1921

NAME OF DECEASED
AGE
SEX
RACE

DATE OF BIRTH
PLACE OF BIRTH

DATE OF DEATH
PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF EXAMINATION

SIGNATURE OF PHYSICIAN

SIGNATURE OF CORONER

SIGNATURE OF JURY

SIGNATURE OF WITNESSES

SIGNATURE OF DECEASED

SIGNATURE OF SURVIVORS

SIGNATURE OF NEAREST RELATIVE

SIGNATURE OF MINISTER OF RELIGION

SIGNATURE OF CHURCH

SIGNATURE OF FUNERAL HOME

SIGNATURE OF BURIAL PLACE

SIGNATURE OF INTERVIEWER

SIGNATURE OF REPORTER

SIGNATURE OF CLERK

SIGNATURE OF ASSISTANT CLERK

SIGNATURE OF DEPUTY CLERK

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10581

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)William Edward Blizzard2. DATE
OF
DEATH11/30/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)Md.BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONUnion Memorial Hosp.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore (Rural)

D. STREET ADDRESS (If rural, give location)

705 Register Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

April 5, '819. AGE (In years
last birthday)7211 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Engineer10B. KIND OF BUSINESS OR
INDUSTRYB. & O. R. R.

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Blizzard

14. MOTHER'S MAIDEN NAME

Melissa Boone15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)YesSpan. Amer.16. SOCIAL
SECURITY NO.705-09-1850A

17. INFORMANT

ADDRESS

Ave

Mrs. Eliz. Blizzard 705 Register

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to Nov 23, 1953, that I last saw the
deceased alive on Nov 23, 1953, and that death occurred at 10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Walter B. Buch

M. D.

23B. ADDRESS

185. Sager St Balto -2

23C. DATE SIGNED

12-1-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

12/3/53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Ritchie Hgwy

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurmon J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC. 715 Light St.

Dr. Buck

18th Eager St

Nov 5 - 2333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1. NAME OF DECEASED (Type or Print) Alexander P. Marecki		2. DATE OF DEATH 11-29-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION The Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 349 Drew St. # 24	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7/6/1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 63
13. FATHER'S NAME Peter Marecki		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME unknown	
17. INFORMANT Son		ADDRESS Same	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart failure		INTERVAL BETWEEN ONSET AND DEATH 1/2 day	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial Infarction		DUE TO Hypertensive Arteriosclerotic	
		DUE TO Cardiovascular Disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from 11-29-53 , to 11-29-53 , that I last saw the deceased alive on 11-29 , 19 53 , and that death occurred at 3:20 Pm. , from the causes and on the date stated above.			
23A. SIGNATURE Robert L. Quinn		23B. ADDRESS Mercy Hospital	
23C. DATE SIGNED 11-29-53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Dec. 3, 1953		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, town, or county) Balto. City		24E. STATE Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 1953		REGISTRAR'S SIGNATURE Wm. S. Fialkowski	
25. FUNERAL DIRECTOR Wm. S. Fialkowski		ADDRESS 2007 Eastern Ave.	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-220
53 10583BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10583

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCES SAKOWSKI

2. DATE
OF
DEATH

Nov. 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

City

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

303 Lehigh St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. City

D. STREET ADDRESS (If rural, give location)

1918 Fleet St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

9. AGE (In years last birthday)

64

11 Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wisniewski

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Josephine Rasinski 303 Lehigh St.

18. 260x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Diabetic coma

4/27/53

ANTECEDENT CAUSES

DUE TO

Diabetes Mellitus

1/1/50

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1953, to Nov 30, 1953 that I last saw the deceased alive on Nov 30, 1953, and that death occurred at 11:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Rypanek

M. D.

23B. ADDRESS

806 4 Kenwood Rd

23C. DATE SIGNED

12/1/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 4, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. S. Fialkowski 2007 Eastern
ave

VS 150

Dickens 2-7201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

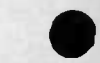
A 652 53 10584		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10584	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>MARGARET E. ARMSTRONG</i>			2. DATE OF DEATH <i>30 Nov 53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>20-05</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>417 S. BENTACOV ST.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>BALTIMORE</i>		
C. Length of stay in Baltimore <i>Life 65 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>417 S. BENTACOV ST.</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb 2, 1888</i>	9. AGE (In years last birthday) <i>65</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>BALTO, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>SAN FRANCISCO COUNTESS</i>			14. MOTHER'S MAIDEN NAME <i>MARGARET COUNTESS</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>WILLIAM E. ARMSTRONG</i>		ADDRESS <i>Above</i>
18. <i>172X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <i>Metastatic Carcinoma</i> DUE TO (B) <i>Carcinoma body of uterus</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>2 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July</i> , 19 <i>51</i> , to <i>Nov</i> , 19 <i>53</i> that I last saw the deceased alive on <i>29 Nov 53</i> , and that death occurred at <i>5:15 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. H. Bayless</i>		M. D. <i>1600 Wilkens Ave</i>		23C. DATE SIGNED <i>30 Nov 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec-3, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>LONDON PARK CEM.</i>	
24D. LOCATION (City, town, or county) (State) <i>BALTO Md.</i>		25. FUNERAL DIRECTOR <i>S. O. Trueman</i>		ADDRESS <i>Schwarz</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 1 - 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		3512 Froebuck Ave. (29)	

1850 1851

1850 1851

1850 1851

1850 1851



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

M-324 53-10585 <i>Non Res.</i>		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10585	
1. NAME OF DECEASED (Type or Print) <i>Robert Mitchell</i>			2. DATE OF DEATH <i>11-30-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Worcester</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Berlin</i> D. STREET ADDRESS (If rural, give location) <i>7300</i>		
c. Length of stay in Baltimore Yrs. <i>38</i> Mos. <i>11</i> Days <i>30</i>					
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>		8. DATE OF BIRTH <i>Aug. 8, 1953</i>	9. AGE (In years last birthday) <i>3</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Berlin, Md.</i>	
13. FATHER'S NAME <i>Robert W. Mitchell, Jr.</i>			14. MOTHER'S MAIDEN NAME <i>Ruth A. Wooten</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mr. Robert Mitchell</i> ADDRESS <i>Berlin, Md.</i>	
18. <i>225.4 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>myocardial</i> DUE TO ANTECEDENT CAUSES (B) <i>Inf. Hypert</i> DUE TO (C) <i>Septicemia (???)</i>				INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-30</i> 19 <i>53</i> , to <i>11-30</i> 19 <i>53</i> , that I last saw the deceased alive on <i>11-30</i> 19 <i>53</i> , and that death occurred at <i>6:40</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Louis M. And</i>		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>12-1-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 4, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Evergreen</i>	
24D. LOCATION (City, town, or county) <i>Berlin, Md.</i>		24E. LOCATION (City, town, or county) (State) <i>Berlin, Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 1 - 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>John O. Mitchell & Son</i> ADDRESS <i>1900 E. 2nd St. Pk.</i>	

See Pfovisional Anatomical Diagnosis in Document file.

12/14/53 ES

CERTIFICATE AMENDED 2/1/54 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10586 Registered No. 53 10586

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE H. MOORE, JR.			2. DATE OF DEATH Nov. 30, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3606 Marriotts Lane, Zone 7		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH DEC. 17, 1907	9. AGE (in years last birthday) 45	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Dispatcher		10B. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME GEORGE H. MOORE			14. MOTHER'S MAIDEN NAME MARIE TUDOR		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. 212-09-0141	17. INFORMANT ADDRESS CHARLOTTE PAULINE MOORE		

18. 162X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Bilateral Hemorrhagic Pleural Effusion		
DUE TO		Etiology unknown		
ANTECEDENT CAUSES		(B) Bilateral diffuse Bronchogenic carcinoma		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov. 9, 1953 , to Nov. 30, 1953 , that I last saw the deceased alive on Nov. 30, 1953 , and that death occurred at 8:45 PM , from the causes and on the date stated above.				
23A. SIGNATURE Louis A. Fritz		23B. ADDRESS 1400 N. Caroline St. #13	23C. DATE SIGNED 11-30-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/4/53	24C. NAME OF CEMETERY OR CREMATORY Baltimore National	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR DEC 1 - 1953	REGISTRAR'S SIGNATURE Huntington W. ...	25. FUNERAL DIRECTOR ADDRESS Ellsworth Armacost 76174 4600 Liberty Hghts. Ave.
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See query reply in Document file.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-130
53 10587
BIRTH NO. 13-29070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10587
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Girl Rabbette		2. DATE OF DEATH 12/1/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 42 SINAI HOSPITAL OF BALTIMORE		C. CITY OR TOWN (If outside corporate limits, write "URBAN" and give township) Baltimore 13-08	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4102 Edgemoor Ave	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Nov 29/53
9. AGE (In years last birthday)		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James F. Rabbette		14. MOTHER'S MAIDEN NAME Peggy M. O'Rear	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Parents		ADDRESS	
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/30 19 53 , to 12/1 19 53 , that I last saw the deceased alive on 12/1 19 53 , and that death occurred at 12:05 p.m., from the causes and on the date stated above.			
23A. SIGNATURE William S. Parker		23B. ADDRESS Sinai Hospital	
23C. DATE SIGNED 12/1/53		23D. LOCATION (City, town, or county) (State)	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 2/53	
24C. NAME OF CEMETERY OR CREMATORY Parkwood		24D. FUNERAL DIRECTOR W. C. Drown	
25. ADDRESS 38/8 Roland Ave		25. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 - 1953		REGISTRAR'S SIGNATURE Huntington Williams	

VS 150

Copy of the report

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investigation of the

case of the

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N-400
53 10588BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10588

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS NEAL

2. DATE
OF
DEATH

Nov. 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Virginia

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Public Health Service
INSTITUTION Hospital

Wyman Pk. Drive & 31st street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Acorn

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

?

1 day

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/10/04

9. AGE (In years last birthday)

49

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Yance Neal

14. MOTHER'S MAIDEN NAME

Maude Harrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

?

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

?

17. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18. 600.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Myocardial insufficiency
secondary to

Recent

ANTECEDENT CAUSES

(B) Malignant hypertension
secondary to

Old

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Right pyelonephritis and right
pyonephrosis

Old

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30 1953 to Nov. 30 1953, that I last saw the deceased alive on Nov. 30 1953, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE
J.A. Hunter, Clinical Director

M. D.

23B. ADDRESS
US PHS Hospital, Balto, Md.23C. DATE SIGNED
12/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

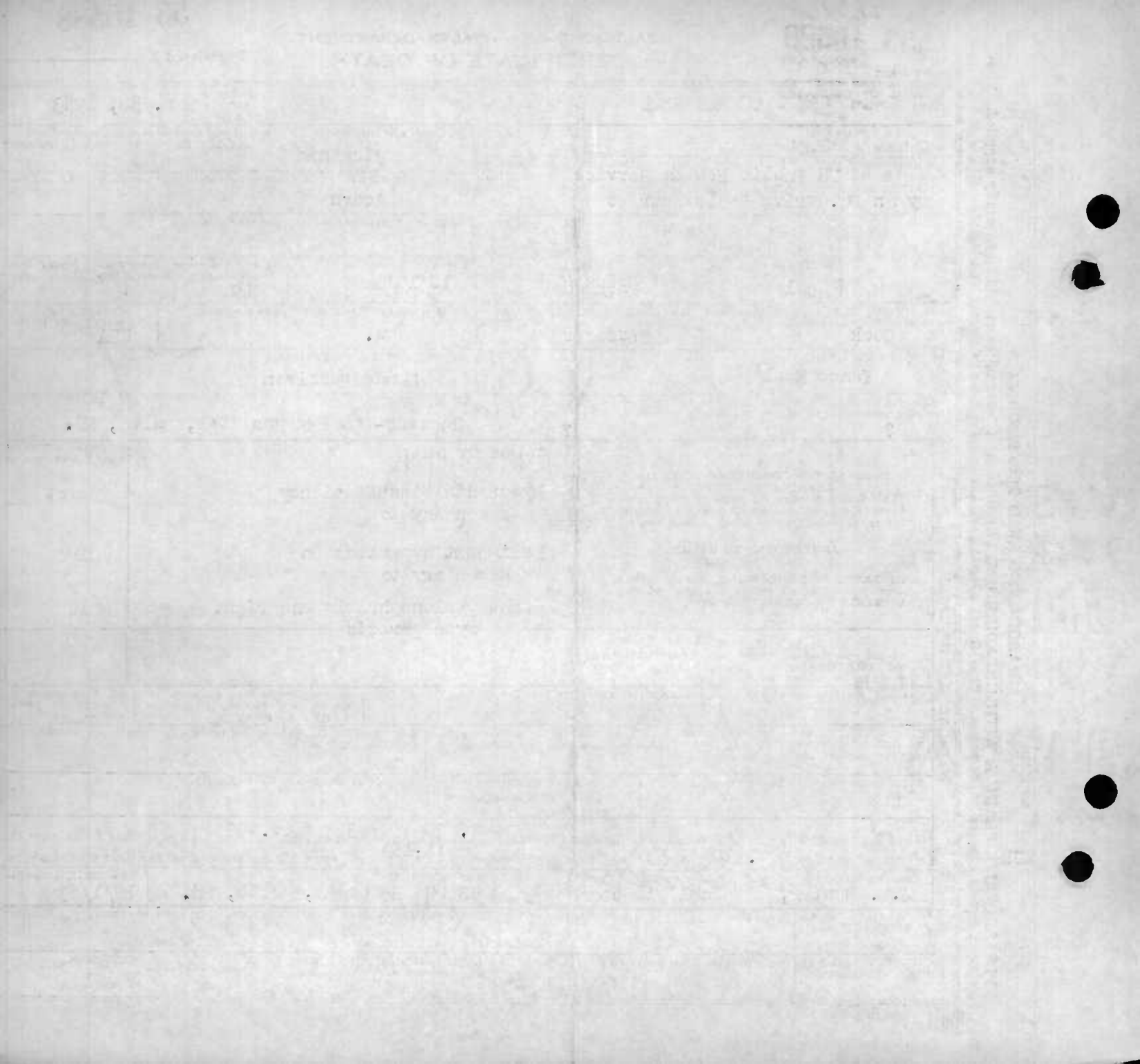
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MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-246 53 10589		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10589 X Registered No.																	
BIRTH NO.																					
1. NAME OF DECEASED (Type or Print) <i>Mary Elizabeth Kugler</i>				2. DATE OF DEATH <i>Dec. 1, 1953</i>																	
3. PLACE OF DEATH A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Fredrick</i>																	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Monte Bell's State Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Emmisburg</i>																	
c. Length of stay in Baltimore <i>7</i> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <i>West Main St. 6000</i>																	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Dec. 23, 1910</i>	9. AGE (In years last birthday) <i>42</i>																
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unknown</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>																	
13. FATHER'S NAME <i>Warren O. Kugler</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>																	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>unk</i>		16. SOCIAL SECURITY NO. <i>unk</i>		14. MOTHER'S MAIDEN NAME <i>Columbia Shermaker</i>																	
17. INFORMANT <i>Hospital Record</i>				ADDRESS																	
<table border="1"> <tr> <td>1B. <i>722.0</i></td> <td colspan="2">CAUSE OF DEATH</td> <td>INTERVAL BETWEEN ONSET AND DEATH</td> </tr> <tr> <td>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</td> <td>(A) <i>Aplastic Anemia due to</i></td> <td><i>treat ment</i></td> <td><i>7 yrs.</i></td> </tr> <tr> <td>ANTECEDENT CAUSES</td> <td>(B) <i>Rheumatoid Arthritis</i></td> <td></td> <td><i>14 yrs.</i></td> </tr> <tr> <td>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</td> <td>(C)</td> <td></td> <td></td> </tr> </table>						1B. <i>722.0</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Aplastic Anemia due to</i>	<i>treat ment</i>	<i>7 yrs.</i>	ANTECEDENT CAUSES	(B) <i>Rheumatoid Arthritis</i>		<i>14 yrs.</i>	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
1B. <i>722.0</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH																		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Aplastic Anemia due to</i>	<i>treat ment</i>	<i>7 yrs.</i>																		
ANTECEDENT CAUSES	(B) <i>Rheumatoid Arthritis</i>		<i>14 yrs.</i>																		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)																				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.																					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II																	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?																	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?																	
22. I hereby certify that I attended the deceased from <i>Dec. 8, 1949</i> , 19__, to <i>Dec. 1</i> , 1953 that I last saw the deceased alive on <i>Dec. 1</i> , 1953, and that death occurred at <i>1:55 Pm.</i> , from the causes and on the date stated above.																					
23A. SIGNATURE <i>Daniel Rai</i>				23B. ADDRESS <i>Monte Bell's Hospital</i>																	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>				24B. DATE <i>Dec. 4 1953</i>																	
24C. NAME OF CEMETERY OR CREMATORY <i>Mountain View Cem.</i>				24D. LOCATION (City, town, or county) (State) <i>Fredrick Co</i>																	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 1 - 1953</i>				REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>																	
25. FUNERAL DIRECTOR <i>Edison Funeral Home</i>				ADDRESS <i>Fairfield Pa.</i>																	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10590 R-500		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10590 Registered No. _____	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		John Montgomery Ryan		Nov. 30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4714 Park Heights Ave.,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 50 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4714 Park Heights Ave., 27-16			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 4, 1903	9. AGE (in years, last birthday) 50	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Machine Repairman U.S. Govt.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Montgomery Ryan		14. MOTHER'S MAIDEN NAME Gertrude Reitz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Gertrude Reitz 3421 Liberty Garden Road	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Cerebral Hemorrhage (B) Arterio Sclerosis (general) (C)		INTERVAL BETWEEN ONSET AND DEATH 11/30/53	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from OCT 24, 1953, to Nov 30, 1953, that I last saw the deceased alive on Nov 30, 1953, and that death occurred at 6:20 P.M., from the causes and on the date stated above.			
23A. SIGNATURE John S. Beubert		23B. ADDRESS 4803 Park Heights Ave. M. O.		23C. DATE SIGNED DEC 1 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-3-1953		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) Pikesville, Md.		25. FUNERAL DIRECTOR G. Howard Strong 3207 W. North Ave.,			
DATE RECEIVED BY LOCAL REGISTRAR DEC 2 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

557 91

05701 82

05701 72

Dr. John D. Bubert

4803 Ash 11 Ave. Ft. 7. 9760

W-420
53 10591BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10591
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mr. Ira Wales		2. DATE OF DEATH 12/1/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Reistertown		
7. Length of stay in Baltimore ? 89 yrs.			8. STREET ADDRESS (If rural, give location) 208 central Ave. Glyndon Md.		
9. SEX M.	10. COLOR OR RACE W.	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	12. DATE OF BIRTH 8/24/84	13. AGE (In years last birthday) 69	14. If Under 1 Year Months: Days: Hours: Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		16. KIND OF BUSINESS OR INDUSTRY		17. BIRTHPLACE (State or foreign country) New York	
18. FATHER'S NAME Ira Wales		19. MOTHER'S MAIDEN NAME Mary M. Dony		20. CITIZEN OF WHAT COUNTRY? U.S.	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		22. SOCIAL SECURITY NO.		23. INFORMANT ADDRESS	
24. 541.0 I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Massive coronary occlusion acute DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Bleeding duodenal ulcer rupture DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
25. DATE OF OPERATION 12/1/53		26. MAJOR FINDINGS OF OPERATION Duodenal ulcer		27. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
31. TIME (Month) (Day) (Year) (Hour)		32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		33. HOW DID INJURY OCCUR?	
34. I hereby certify that I attended the deceased from 11/29/1953, to 12/1/1953, that I last saw the deceased alive on 12/1/1953, and that death occurred at 6:15 p.m., from the causes and on the date stated above.					
35. SIGNATURE George Groves		36. ADDRESS M. D. Bon Secours Hosp.		37. DATE SIGNED 12/1/53	
38. BURIAL, CREMATION, REMOVAL (Specify) Burial		39. DATE Dec 4/53		40. NAME OF CEMETERY OR CREMATORY St. Francis	
41. LOCATION (City, town, or county) Reistertown		42. DATE RECEIVED BY LOCAL REGISTRAR DEC 2-1953		43. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
44. FUNERAL DIRECTOR E. Elene		45. ADDRESS Sons Reistertown		46. 49099	

STATISTICS OF DEATH

COPIES MADE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-416		BALTIMORE CITY HEALTH DEPARTMENT		53 10592	
53 10592		CERTIFICATE OF DEATH		Registered No. 53 10592	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Anna Walpert			December 1/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE		
3819 Belle Avenue			Maryland		
C. Length of stay in Baltimore			C. CITY OR TOWN		
47 yrs.			Baltimore		
5. SEX			D. STREET ADDRESS (If rural, give location)		
Female			3819 Belle Ave		
6. COLOR OR RACE			8. DATE OF BIRTH		
White			1893		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			9. AGE (In years, last birthday)		
Married			60		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTH PLACE (State or foreign country)		
Housewife			Russia		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
own home			USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Morris Resnick			Ida Stoller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		
Allen N. Walpert			3819 Belle Ave		
18. 420.1			CAUSE OF DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Myocardial insufficiency - 3-4 yrs		
ANTECEDENT CAUSES			(B) Coronary insufficiency - 3 months		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)		
II			Rheumatoid arthritis (arthrosis deformans)		
19A. DATE OF OPERATION			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
0					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. HOW DID INJURY OCCUR?		
21E. INJURY OCCURRED			21F. HOW DID INJURY OCCUR?		
21G. TIME (Month) (Day) (Year) (Hour) OF INJURY			21H. WHILE AT WORK NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from June-12, 1953 to Dec-1, 1953 that I last saw the deceased alive on Dec-1, 1953, and that death occurred at 10 a.m., from the causes and on the date stated above.					
23A. SIGNATURE			23B. ADDRESS		
Dr. Herman Seidel			2404 Eutaw Pl		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE		
Burial			12/2/53		
24C. NAME OF CEMETERY OR CREMATORY			24D. LOCATION (City, town, or county)		
Shore Tfiloh			Baltimore, Md		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE		
DEC 2-1953			Huntington Williams		
VS 150			25. FUNERAL DIRECTOR		
			26. ADDRESS		
			Bal. Levinson & Bur - 1124-26 W. North Ave.		

TO THE HONORABLE COMMISSIONER OF AGRICULTURE, STATE OF

THE FOLLOWING IS A LIST OF THE NAMES OF THE

SEVERAL PERSONS WHOSE NAMES ARE

ON THE LIST OF THE NAMES OF THE

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ON THE LIST OF THE NAMES OF THE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-165
53 10593BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10593

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA ABRAMSON

2. DATE
OF
DEATH

12/1/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6206 Benhurst Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

6206 Benhurst Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-20

D. STREET ADDRESS (If rural, give location)

6206 Benhurst Ave

C. Length of stay in Baltimore

60 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1876

9. AGE (In years last birthday)

77

If Under 1 Year

Months

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Kovner

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Kira Henselman - Russia

14. MOTHER'S MAIDEN NAME

Mary Ginstberg - Russia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Harry Goldberg 6206 Benhurst Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Heart Disease 3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Congestive Heart Failure 5 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1950, to Dec 1, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 11:23 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Leonard Wallenstein

M. D.

23B. ADDRESS

848 W 36 ST

23C. DATE SIGNED

Dec 2, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/3/53

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel Cong.

24D. LOCATION (City, town, or county)

Southern Ave.

Md.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 2 - 1953

REGISTRAR'S SIGNATURE

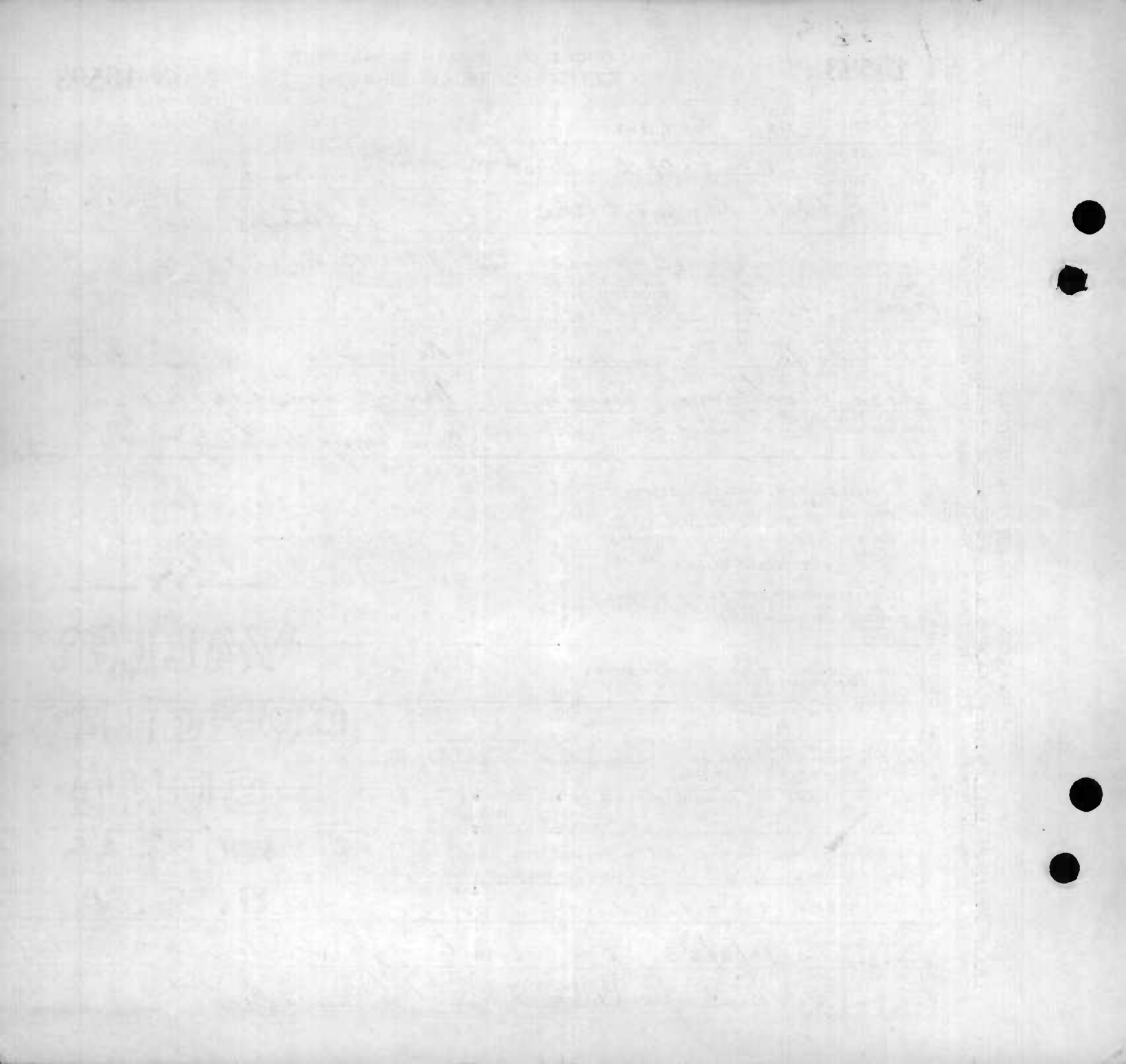
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS

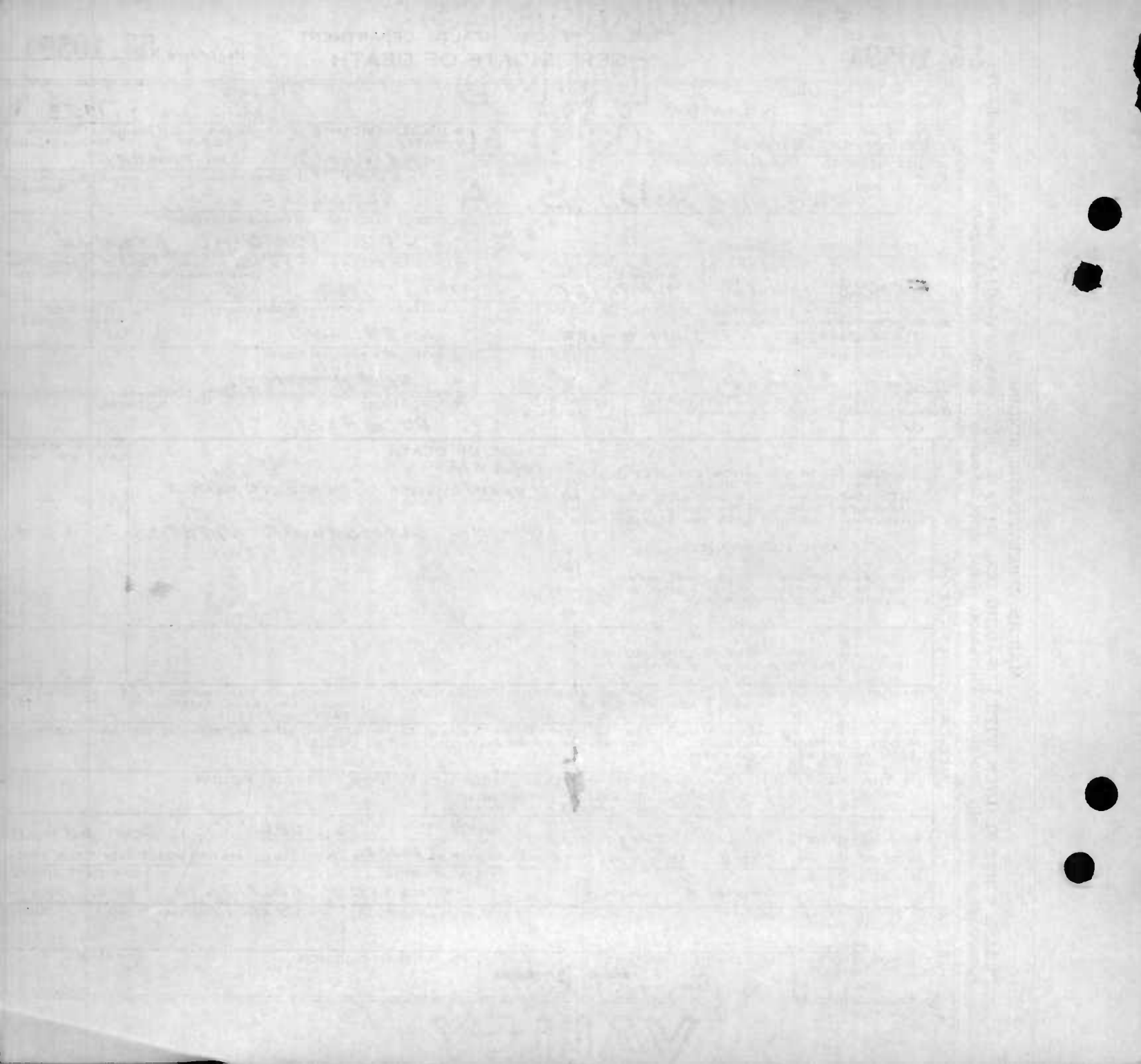
1126 W. North Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 10594	
1. NAME OF DECEASED (Type or Print) KRAMER, CLARA			2. DATE OF DEATH Dec. 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-27-18		
c. Length of stay in Baltimore 35 Yrs. 6 Mos. 5 Days			D. STREET ADDRESS (If rural, give location) 5452 JONQUIL AVENUE		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 17, 1917	9. AGE (in years last birthday) 35	10. Under 1 Year Months Days 6
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Abe Polansky			14. MOTHER'S MAIDEN NAME SARAH SIDEL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT DECEASED		
18. 592X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) UREMIA Hypertensive Encephalopathy DUE TO CHRONIC GLOMERULAR NEPHRITIS ANTECEDENT CAUSES (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 13 yrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from NOV. 2 , 19 53 , to DEC 1 , 19 53 , that I last saw the deceased alive on DEC 1 , 19 53 , and that death occurred at 6:20 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE James R. Read M. D.			23B. ADDRESS UNIVERSITY HOSPITAL		23C. DATE SIGNED DEC 1, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-2-53	24C. NAME OF CEMETERY OR CREMATORY Herring Run		24D. LOCATION (City, town, or county) (State) Balto, Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 2-1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Leach Lewis Inc		ADDRESS 2100 Rutaw Pl



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-355 53 10595		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10595	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ISAAC OTTENHEIMER		11-30-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3933A Clarke Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 81 Yrs. Mon Days		D. STREET ADDRESS (If rural, give location) 3933A Clarke Lane			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 82	9. AGE (In years last birthday) 82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Publisher		11. BIRTHPLACE (State or foreign country) Richmond Va	
13. FATHER'S NAME Lewis		14. MOTHER'S MAIDEN NAME Rachael			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Fanny Ottenheimer - Same	
18. I 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Chemia Chronic hepatitis Chronic Congestive Heart Failure Asteroiderms		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 week 2 years ?	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDIION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19 ⁴⁴ to 11-30, 1953 that I last saw the deceased alive on 11-30, 1953 and that death occurred at 7:10 p.m., from the causes and on the date stated above.					
23A. SIGNATURE A. G. Snodman M.O.		23B. ADDRESS 1109 N. Calvert St		23C. DATE SIGNED 1-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-2-53		24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 2-1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Jack Lewis Inc		24H. ADDRESS 2100 Canton Pl		VS 150	

Dussman
Ro 0170

53 10596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10596
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THERESA J. REUBEN

2. DATE
OF
DEATH

12-1-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE

Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

8. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

23

Yrs.
Mos.
Days

o. STREET ADDRESS (If rural, give location)

3802 W. Garrison Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

6.5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Chicago Ill

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham Levy

14. MOTHER'S MAIDEN NAME

Miriam

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marvin Finkelstein - Home

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

Carcinoma of sigmoid

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1948

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Tumor removed

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1948 to 11/20, 1953, that I last saw the
deceased alive on 11/20, 1953, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Wilson

M. O.

23B. ADDRESS

5721 Park Heights Ave

23C. DATE SIGNED

12/1/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Buried

24B. DATE

12-7-53

24C. NAME OF CEMETERY OR CREMATORY

Arlington

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Seton B

DEC 2 - 1953

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Daniel Welfson
5721 Park Hgts
Ro 2861

Office
5-4-16
Resident Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

R-323
58 10597BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10597
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Shirley Rothstein

2. DATE
OF
DEATH

DEC 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

SINAI HOSPITAL of BALTO., INC

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

4024 BONNER RD.

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1-6-10

9. AGE (In years
last birthday)

43

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Rosen

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nathan Rothstein - base

18. 163X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARCINOMA of the LUNG

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐

WORK

NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29 1953 to 12-1 1953, that I last saw the
deceased alive on 12-1 1953, and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John F. G. [Signature]

23B. ADDRESS

SINAI HOSP. of BALTO. INC

23C. DATE SIGNED

12/1/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-2-53

24C. NAME OF CEMETERY OR CREMATORY

Beth Isaac

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

2100 Section Pl

ADDRESS

VS 150

0701 26

RECEIVED

1961

1961

1961

1961

1961

1961

1961

1961

1961

1961

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-200
53 10598

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10598
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary E. Geiss

2. DATE
OF
DEATH

Nov 30 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1806 Selma Ave #27

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct 12 1874

9. AGE (In years last birthday)

79

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Schwartz

14. MOTHER'S MAIDEN NAME

Elizabeth List

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
John I. Geiss, 1806 Selma Ave.
Halethorpe, Md.

18. 260X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cardiac Failure

DUE TO

Hypertensive Arteriosclerotic

(B)

Cardiovascular disease

DUE TO

(C) Diabetes mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9th, 1953, to Nov. 30, 1953 that I last saw the deceased alive on Nov. 30, 1953 and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Chang

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

Nov 30 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Entombment

24B. DATE

12/3/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Pk.

24D. LOCATION (City, town, or county)

Woodlawn. Ind

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry H. Witzke, 4401 Edman

ADDRESS

sonan

20 1000

1000



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 10599**

K-510
53 10599
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALICE KEMP			2. DATE OF DEATH Dec. 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 826 Hampson Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. ? Mos. Days			D. STREET ADDRESS (If rural, give location) 826 Hampson St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1897	9. AGE (In years last birthday) 56	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) S. C.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Adam Brownlee			14. MOTHER'S MAIDEN NAME Tennie Hawthorne		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 4010	17. INFORMANT ADDRESS Paul L. Brown 826 Hampson St.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 12/5/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Jackson		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Dec. 1, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 12/5/53	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR DEC 2-1953	REGISTRAR'S SIGNATURE Thurmond Williams	25. FUNERAL DIRECTOR Wm. H. Kelson		ADDRESS 1307 Presstman St.	

Wm. H. Kelson

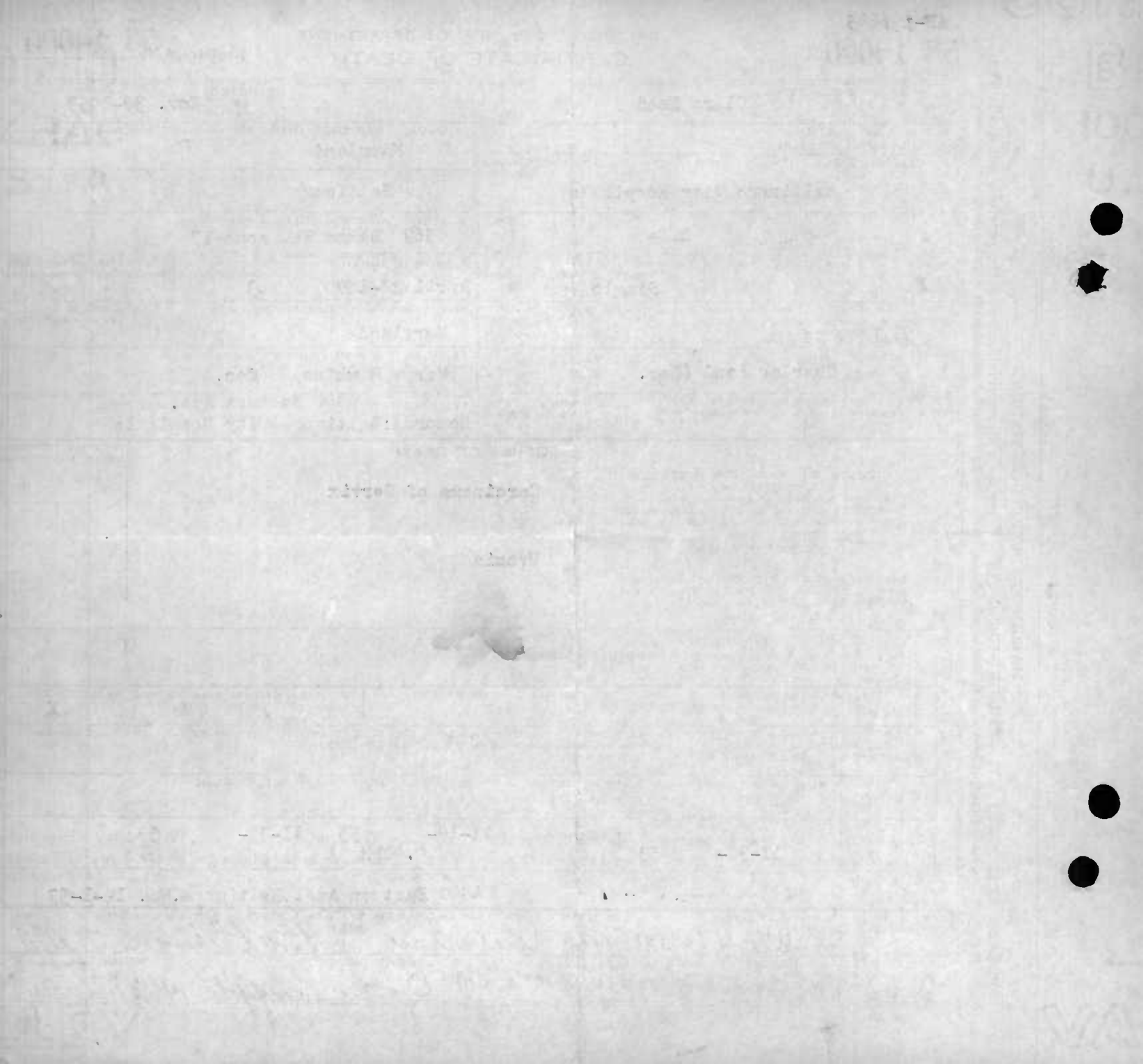
CERTIFICATE OF DEATH



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-76845 53 19600		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10600 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Clara Reed		2. DATE OF DEATH Nov. 30-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		D. STREET ADDRESS (If rural, give location) 569 Baker St. zone 17		E. Length of stay in Baltimore Life	
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 22-1890	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Charles Reed (Dec.)		14. MOTHER'S MAIDEN NAME Mary Hawkins (Dec.)		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT 4940 Eastern Ave. ADDRESS Records: Baltimore City Hospitals	
18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Cervix DUE TO ANTECEDENT CAUSES Uremia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 11-19- 1953 , to 11-30- 1953 that I last saw the deceased alive on 11-30- 1953 , and that death occurred at 9.40PM m., from the causes and on the date stated above.		23A. SIGNATURE Dr. John V. Brooks	
23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 12-1-53		24A. BURIAL, CREMATION, REMOVAL (Specify) Dec 4/1953	
24B. DATE Dec 4/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 2-1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Brooks Ruggold	
VS 150		ADDRESS 14637 Carey St		7208A	



M-624
53 10601BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10601

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN

MORSELL

JR.

2. DATE
OF
DEATH 11-29-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write R.R. and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1133 W. Franklin Street

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

3/11/1909

9. AGE (In years
last birthday)

44

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HELPER

10B. KIND OF BUSINESS OR
INDUSTRY

CHEMICAL PLANT

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

BENJ. MORSELL SR.

14. MOTHER'S MARDEN NAME

MABEL WILSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

W.W.#2

16. SOCIAL
SECURITY NO.

216-07-7190

17. INFORMANT

BENJ. MORSELL* 513 Sanford Pl.

ADDRESS

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage
DUE TO Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
11-30-5324A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

12/3/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Nat'l Cem

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 2-1953

REGISTRAR'S SIGNATURE

H. J. ...

25. FUNERAL DIRECTOR

Chas. ...

ADDRESS

...

VS 151

9704R 512 Caroline av

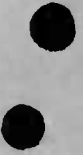
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10001 85

RECEIVED DATE OF DEATH

10001 85



E 263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10602

Registered No. _____

53 10602
BIRTH NO.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print) Mr. John William Eckhardt			2. DATE OF DEATH Dec. 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 9-06		
B. FULL NAME OF HOSPITAL OR INSTITUTION Haven Nursing Home 4515 Garrison Blvd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1632 E. 29th Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 10, 1867	9. AGE (In years last birthday) 86	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Balto City Fireman			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Henry Eckhardt			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Mary A. Eckhardt, 1541 Kennewick		
18. 4 yr 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-vascular disease DUE TO ANTECEDENT CAUSES Bronchitis DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 1 week OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 24 , 19 52 , to Dec 1 , 19 53 , that I last saw the deceased alive on 19 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Staller		23B. ADDRESS 2220 Garrison Blvd		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 4, 1953		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.			

Dr. W. S. Niblette
2200 Garrison Blvd.
8-10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-176759 W-425 53-10603 52-14678		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10603 Registered No.	
1. NAME OF DECEASED (Type or Print) Cynthia Elaine Wilson			2. DATE OF DEATH 12-1-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			D. STREET ADDRESS (If rural, give location) 403 N. Carrollton Ave. zone 23		
c. Length of stay in Baltimore Life			5. SEX Female		
6. COLOR OR RACE Negro			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		
8. DATE OF BIRTH June 27- 1952			9. AGE (In years last birthday) 1yr.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Abraham Stroman			14. MOTHER'S MAIDEN NAME Mabel Wilson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT 4940 Eastern Ave. ADDRESS Reocrds: Baltimore City Hospitals			18. CAUSE OF DEATH Tuberculous Meningitis		
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) 010X			INTERVAL BETWEEN ONSET AND DEATH		
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-17- , 19 53 , to 12-1- , 19 53 that I last saw the deceased alive on 12-1- , 19 53 , and that death occurred at 8.45AM , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Jones			23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		
23C. DATE SIGNED 12-1-1953			23D. M. D.		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/4/1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) (State) Anne Arundel Co. Md		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 2-1953		24F. REGISTRAR'S SIGNATURE James H. Jones	
24G. FUNERAL DIRECTOR W. J. Halstead		24H. ADDRESS 918 Smith St. Ave		24I. VS 150	

WALLEY
CONGRESS
SECOND
SERIES
OF A

B-526
53 10604BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10604

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Hazel E. Benhard</i>		2. DATE OF DEATH <i>November 30-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2306 E. Preston St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>8-07</i>		C. CITY OR TOWN (If outside corporate limits, with RURAL, and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS (If rural, give location) <i>2306 E. Preston St.</i>		E. Yrs. Mos. Days	
c. Length of stay in Baltimore		5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Nov. 25-1891</i>		9. AGE (In years last birthday) <i>62 yrs</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>William Johnson</i>		14. MOTHER'S MAIDEN NAME <i>Anna Hoffman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>William J. Benhard - 2306 E. Preston St.</i>	
18. <i>241X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <i>Hypertensive Cardiovascular</i>		<i>11 yrs.</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Asthmatic Bronchitis</i>		<i>15 yrs.</i>	
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/26 1942</i> to <i>11/30 1953</i> that I last saw the deceased alive on <i>11/30 1953</i> and that death occurred at <i>10:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>G. K. Grossman</i>		23B. ADDRESS <i>1212 N. Patterson Rd.</i>		23C. DATE SIGNED <i>12/1/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Nov. 3-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. FUNERAL DIRECTOR <i>John C. Melly, Inc. - 243 E. Olney St.</i>		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 2-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS	

53

10605

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10605

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CURTIS GORDON BRADFIELD

2. DATE
OF
DEATH

Nov. 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4224 Loch Raven Blvd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4224 Loch Raven Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar. 24, 1904

9. AGE (In years last birthday)

49

10 Under 1 Year

11 Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

chief

10B. KIND OF BUSINESS OR INDUSTRY

U. S. Coast Guard

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas A. Bradfield

14. MOTHER'S MAIDEN NAME

Gertrude Walters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret Bradfield 4224 Loch Raven Blvd

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA OF STOMACH

5 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
AUG. 195319B. CONDITION FOR WHICH OPERATION WAS PERFORMED
EXPLORATORY

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

NONE

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1953 to NOV. 30, 1953, that I last saw the deceased alive on 11-30-1953, and that death occurred at 2 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur K. Karpis

M. D.

23B. ADDRESS

1532 Hammond Rd.

23C. DATE SIGNED

12-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/3/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 2-1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. P. Fisher & Sons

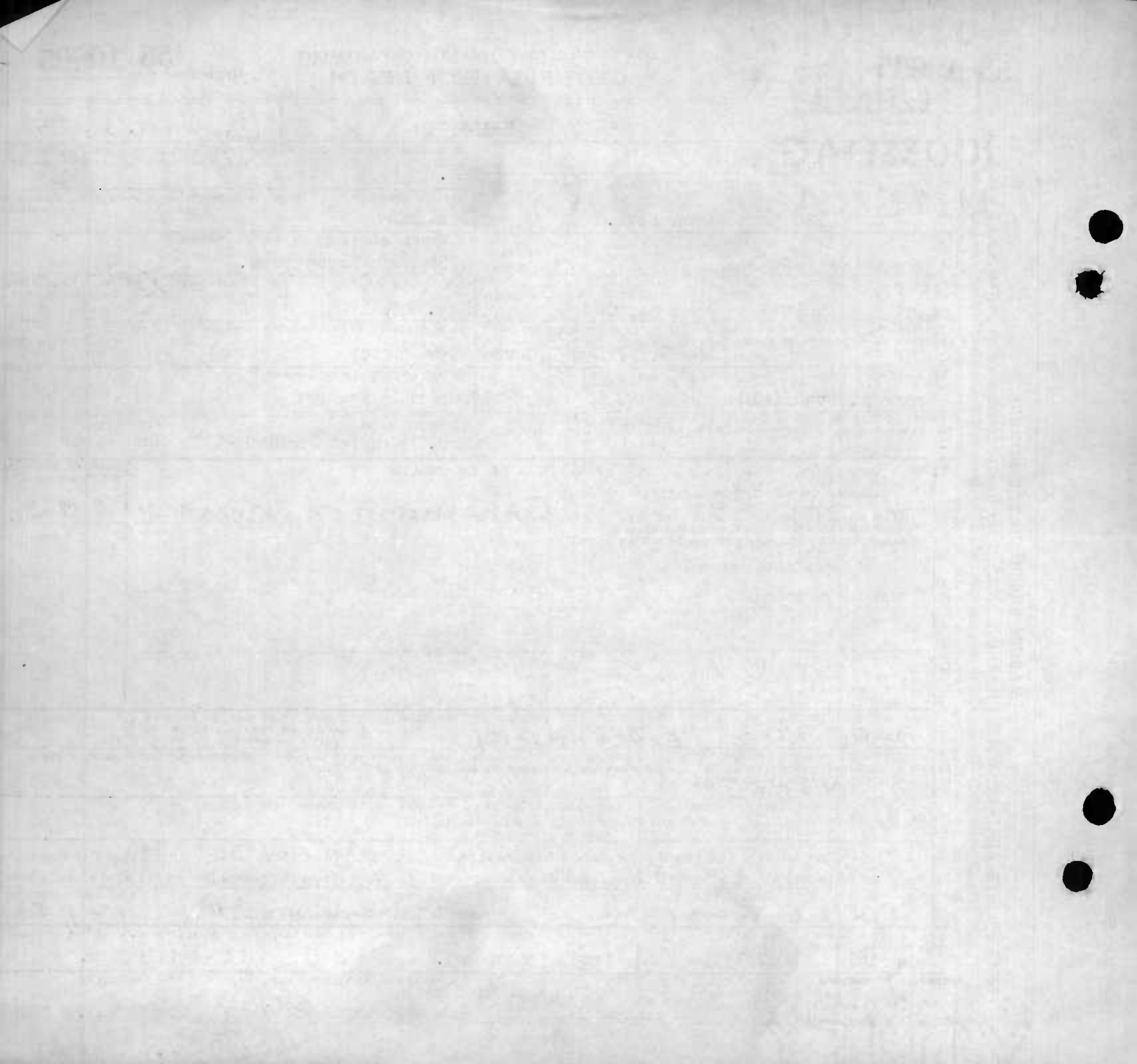
ADDRESS

Baltimore, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



D-515
53 10606BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10606

BIRTH NO.		1. NAME OF DECEASED (Type or Print) DANIEL F. DONOVAN		2. DATE OF DEATH 12-1-53 9.15 AM	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 68 23 Daniel Rd. #22			
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec-21-1892 = 61	9. AGE (in years last birthday) 61 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) main Engineering		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ME	
13. FATHER'S NAME Daniel F. Donovan		14. MOTHER'S MAIDEN NAME Josephine Cole		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS 68 23 Daniel Rd. #22	
18. 180x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastasis, after primary hypernephroma, in the liver and brain DUE TO (A) DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-26-1952 to 12-1-1953 , that I last saw the deceased alive on 12-1-1953 , and that death occurred at 9.15 AM , from the causes and on the date stated above.					
23A. SIGNATURE T. A. Ayala		23B. ADDRESS Maryland Link. Hoq.		23C. DATE SIGNED 12-1-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 12/3/53		24C. NAME OF CEMETERY OR CREMATORY Harrington Cem.	
24D. LOCATION (City, town, or county) (State) Harrington, Maine		25. FUNERAL DIRECTOR ADDRESS 240 55 Calto. 17, Md.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 2-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 240 55 Calto. 17, Md.	

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MARGIN RESERVED FOR BINDING

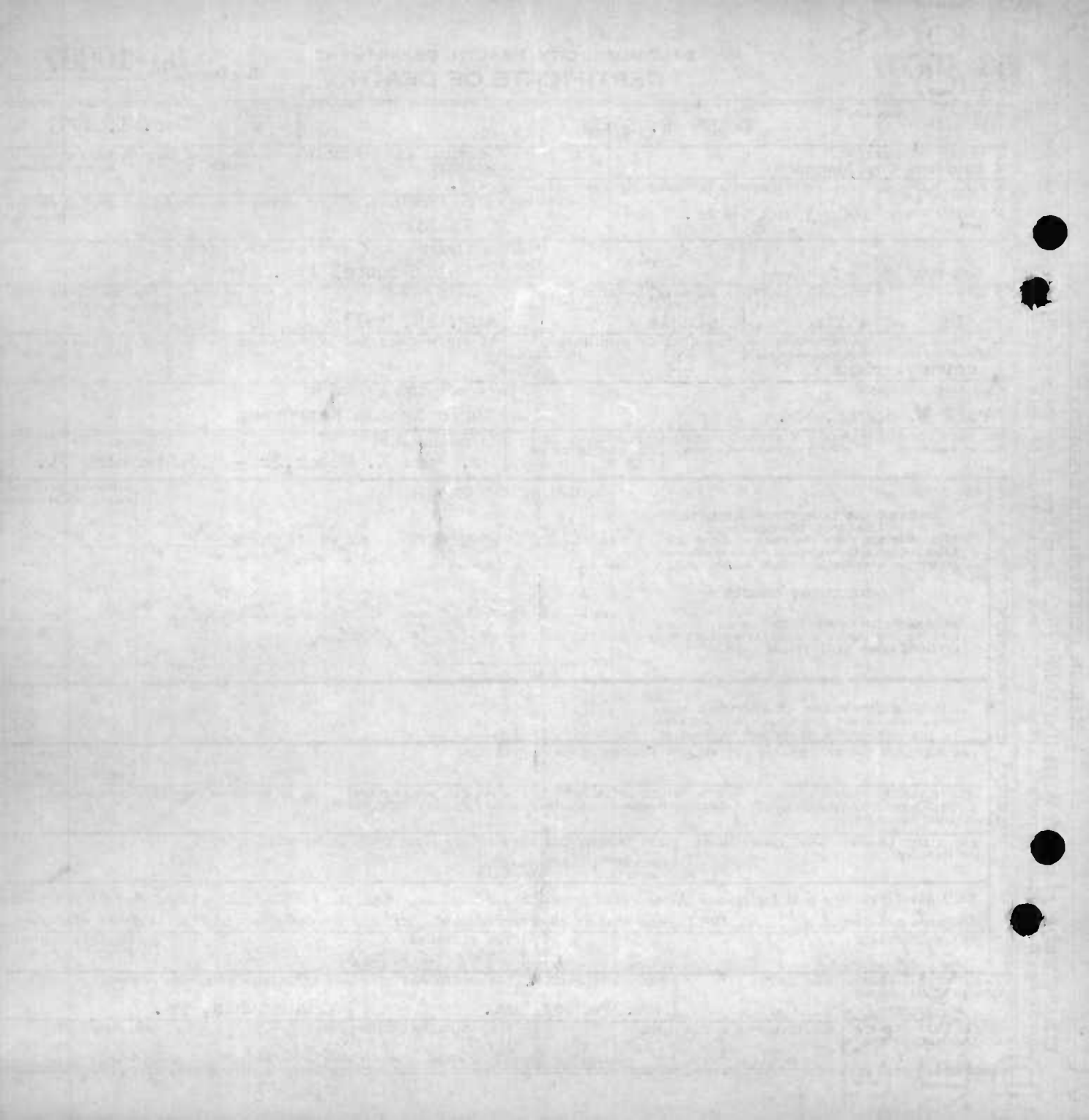
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-160
53 10607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10607

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		THELMA E. SOPER	
3. PLACE OF DEATH: A. Baltimore City, Maryland		2. DATE OF DEATH Dec. 1, 1953	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1904 Linden Ave.		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 5418 Montbel Ave.	
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 15, 1913
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		10B. KIND OF BUSINESS OR INDUSTRY --	9. AGE (In years last birthday) 40
13. FATHER'S NAME Paul K. Soper, Sr.		11. BIRTHPLACE (State or foreign country) ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? ?	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Marie Ashton Forrester	
17. INFORMANT Mr. Paul K. Soper, Jr.		ADDRESS 700 Grantley St.	
18. 151X and 081X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of Stomach with metastases DUE TO (B) Polio myelitis - Early childhood DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 5 years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/1, 1952, to 12/1, 1953, that I last saw the deceased alive on 12/1, 1953, and that death occurred at 6:42 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Huntington W. Williams, Jr.		23B. ADDRESS 2201 Eastwood Lane	
23C. DATE SIGNED 12/1/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 12/5/53	
24C. NAME OF CEMETERY OR CREMATORY Mt. Vernon Cem.		24D. LOCATION (City, town, or county) (State) Philadelphia, Pa.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 2 - 1953		REGISTRAR'S SIGNATURE Huntington W. Williams, Jr.	
25. FUNERAL DIRECTOR Wm. J. Pickens & Sons		ADDRESS Baltimore 17 Md.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10608W-123
53 10608

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)ESTELLE WEBSTER2. DATE
OF
DEATHDec 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)21 N. Wickham Rd

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto28 04

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

21 N. Wickham

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)WIDOW

8. DATE OF BIRTH

Dec 18, 18809. AGE (In years
last birthday)72If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRYHousewife

11. BIRTHPLACE (State or foreign country)

Seals Island Md12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Theodore Harner

14. MOTHER'S MAIDEN NAME

Julia Kelley15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)nono16. SOCIAL
SECURITY NO.none

17. INFORMANT

Mrs. Muster

ADDRESS

same18. 540.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Perforated Ulcer

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHAbout 13 hrs12 hrsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Pneumonia1 wk.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1953 to Dec 1, 1953 that I last saw the
deceased alive on Dec 1, 1953 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert W. Lark

M. O.

23B. ADDRESS

3321 Frederick Ave

23C. DATE SIGNED

12/1/5324A. BURIAL, CREMA-
TION, OR REMOVAL (Specify)

24B. DATE

12-4-53

24C. NAME OF CEMETERY OR CREMATORY

St. John's

24D. LOCATION (City, town, or county)

Seals Island Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter W. Williams

25. FUNERAL DIRECTOR

Mildred P. Blight

ADDRESS

6009 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-200
53/10609
520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10609

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days
11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 29, 1953, to Nov 30, 1953, that I last saw the deceased alive Nov 30, 1953, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 2-1953

VS 150

Dr. Milton L. Solomon

129 S. Broadway

ORL 3525

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-176918-23
53-10610
422

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10610

1. NAME OF DECEASED (Type or Print) THELMA M. OLESTER-OLESZCZUK			2. DATE OF DEATH Nov. 30-1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 3302 Mueller Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 3, 1934	9. AGE (in years last birthday) 19	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TYPIST		10b. KIND OF BUSINESS OR INDUSTRY MOSES KAHN Co.	11. BIRTHPLACE (State or foreign country) Maryland, BALTIMORE		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Peter Olester-OLESZCZUK			14. MOTHER'S MAIDEN NAME Mary Dolinowski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 218-30-7016	17. INFORMANT ADDRESS B. C. H. 4940 Eastern Avenue (records)		
18. 592x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Glomerulonephritis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21f. HOW DID INJURY OCCUR?
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 11-21-1953 to 11-30-1953 , that I last saw the deceased alive on 11-30-1953 , and that death occurred at 9:00A.M. , from the causes and on the date stated above.					
23a. SIGNATURE H. John De...		23b. ADDRESS 4940 Eastern Avenue		23c. DATE SIGNED 11-30-1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-3-53	24c. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS CEM		24d. LOCATION (City, town, or county) (State) 1300 DUNDALK AVE. BALTO. MD.
DATE RECEIVED BY LOCAL REGISTRAR DEC 2-1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Charles J. Geiler 901 S. CONKLING ST. BALTO., MD.	

VS 150

350-6C

1901

1901

VALLEY
CONGREGES

BOND

1901

U.S.A.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-530
53 10611

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10611

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) EVELYN SMITH	
2. DATE OF DEATH Dec. 1, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1203 Gregor Way	
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 1203 Gregor Way, O'Donnell Hghts	
8. Length of stay in Baltimore life	
9. SEX female	
10. COLOR OR RACE white	
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
12. DATE OF BIRTH March 29, 1913	
13. AGE (In years last birthday) 40	
14. Under 1 Year Months: Days	
15. Under 24 Hours Hours: Min.	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kay's Cafe	
17. KIND OF BUSINESS OR INDUSTRY	
18. BIRTHPLACE (State or foreign country) Baltimore, Md.	
19. CITIZEN OF WHAT COUNTRY? U.S.A.	
20. FATHER'S NAME ANTHONY KOMENDA	
21. MOTHER'S MAIDEN NAME MARIE RIKOSKY	
22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
23. SOCIAL SECURITY NO.	
24. INFORMANT ADDRESS John Smith, husband, above	

18. 174x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer of uterus (A) metastasis to the ileum DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ischemia, a cataplexy and head and neck of femur (B) ischium, a cataplexy and head and neck of femur (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June , 19 53 , to Nov 30 , 19 53 , that I last saw the deceased alive on Nov 29 , 19 53 , and that death occurred at 3:57 m., from the causes and on the date stated above.					
23A. SIGNATURE Hann		23B. ADDRESS 6006 Eastern av		23C. DATE SIGNED 12/2/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 3, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.	
24D. LOCATION (City, town, or county) Brooklyn, Md.		24E. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		24F. ADDRESS 2601-3-5 E. Madison St.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 2 - 1953		REGISTRAR'S SIGNATURE Huntington Holliday		ADDRESS	

69064

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
DATE OF BIRTH		PLACE OF BIRTH		EDUCATION		OCCUPATION		MARRIAGE		RELIGION	
MANNER OF DEATH		CAUSE OF DEATH		MEDICAL ATTENDANCE		BURIAL		FUNERAL		OTHER	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES		SIGNATURE OF MINISTER		SIGNATURE OF CLERK		SIGNATURE OF JUDGE		SIGNATURE OF SHERIFF	
DATE OF SIGNATURE		PLACE OF SIGNATURE		DATE OF SIGNATURE		PLACE OF SIGNATURE		DATE OF SIGNATURE		PLACE OF SIGNATURE	

MARGIN RESERVED FOR BINDING

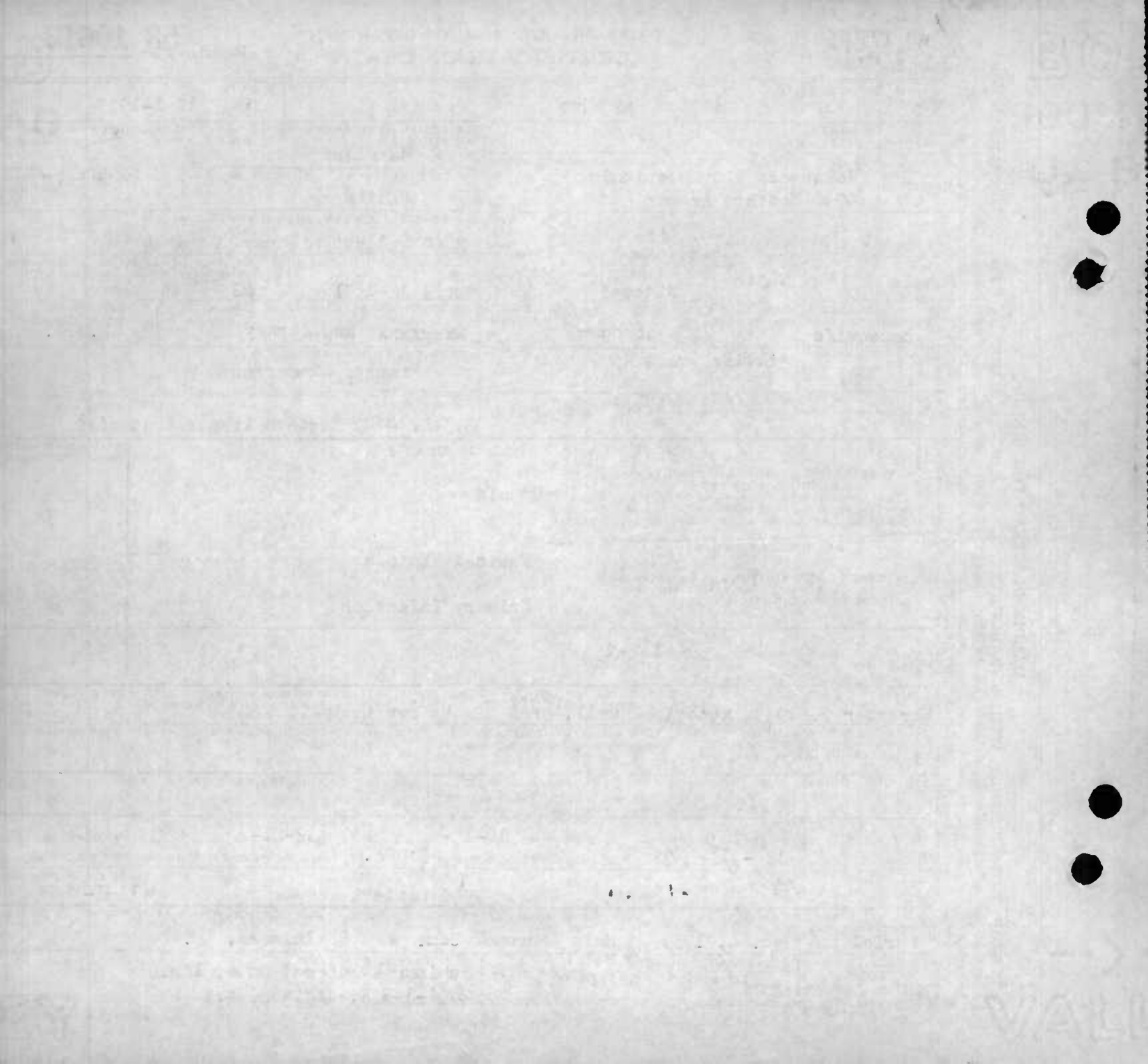
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB 175825
53 10612
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10612

1. NAME OF DECEASED (Type or Print) Adrian May Frey			2. DATE OF DEATH 12-1-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2800 Pulaski Highway Zone 24		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 12-1891		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland New Jersey
13. FATHER'S NAME William Evans			14. MOTHER'S MAIDEN NAME Frances Zimmerman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT B.C.H. 4940 Eastern Avenue (records)
18. 606X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Uremia DUE TO Antecedent Causes Vesical Fistula DUE TO Urinary Infection			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION November 7, 1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED abdominal wall, infection of the cystitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-18- , 1953, to 12-1- , 1953, that I last saw the deceased alive on 12-1- , 1953, and that death occurred at 3:05A m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. Julius Ober</i>			23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-1-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 4, 1953	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 2 - 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10613

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 10613
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Barbara Zamparski

2. DATE
OF
DEATH

November 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

416 S. Madeira St

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2-8-94

9. AGE (In years last birthday)

59

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Brown

14. MOTHER'S MAIDEN NAME

Amelia Fink

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Acute myocardial infarction

12 hrs.

DUE TO

ANTECEDENT CAUSES

(B)

Coronary artery disease

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30, 1953, to 11-30, 1953, that I last saw the deceased alive on 11-30, 1953, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Hedeman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-30-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 5, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 2 - 1953

REGISTRAR'S SIGNATURE

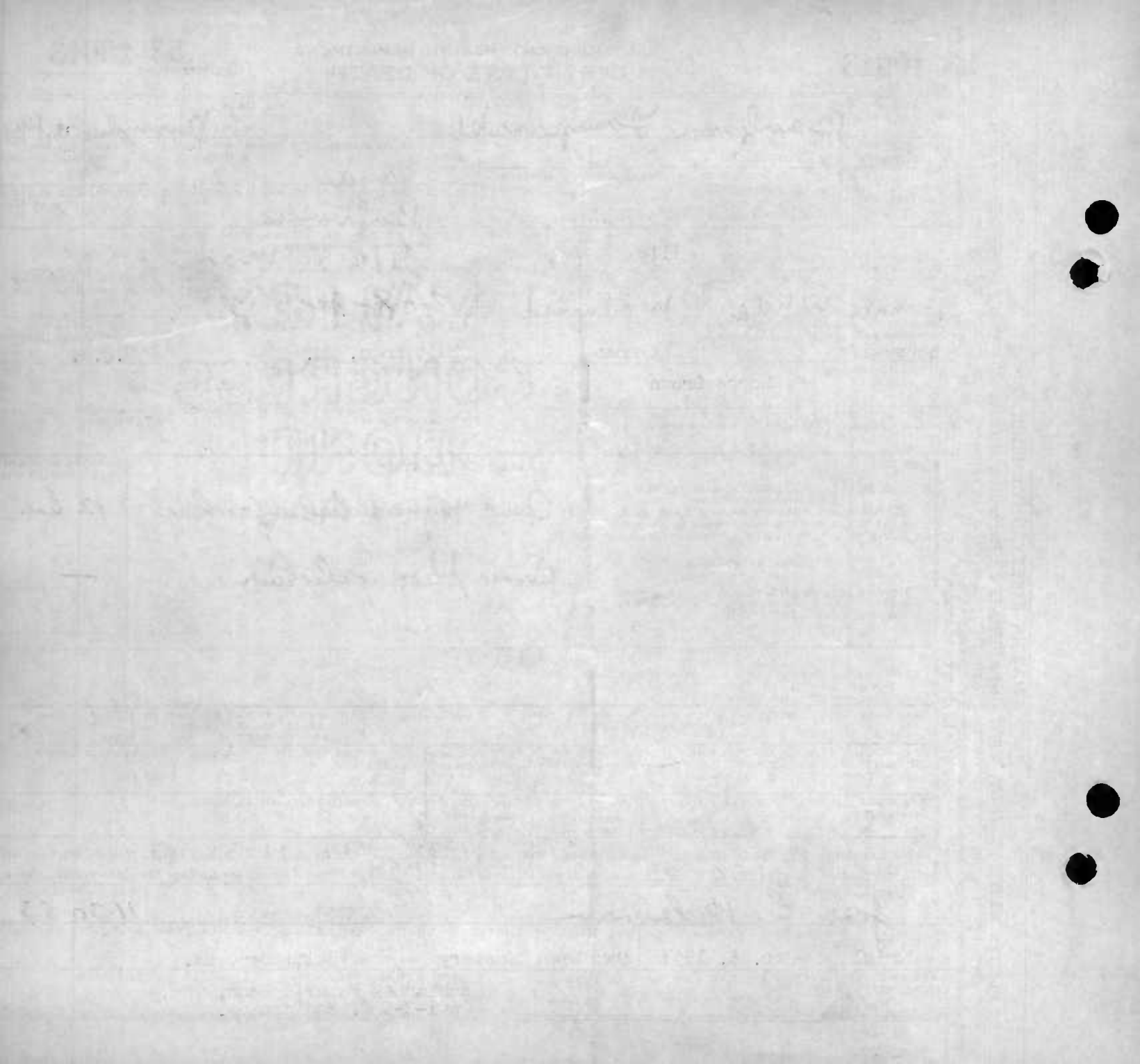
Thurston Williams

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

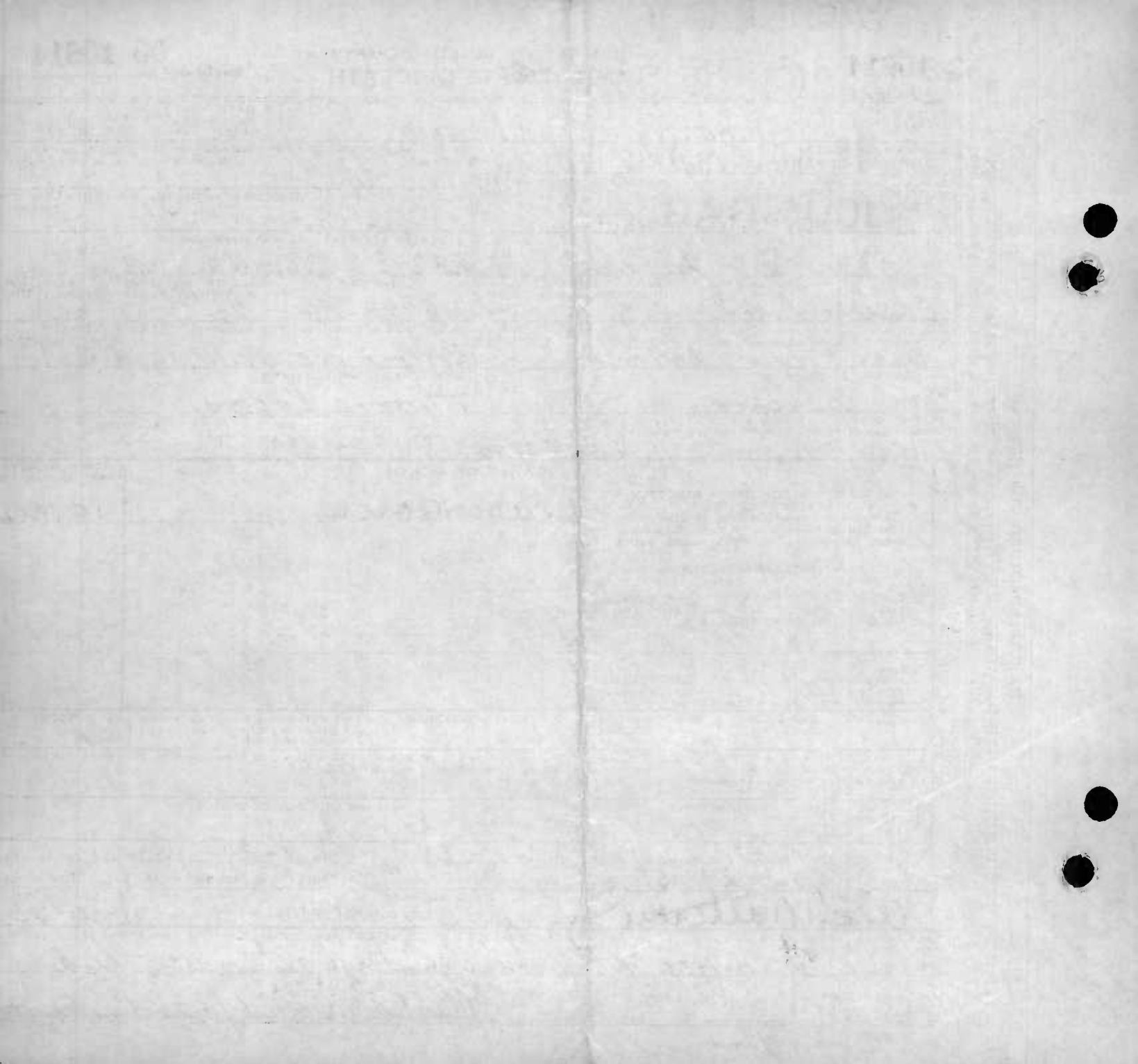
VS 150



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

L-250		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10614 Registered No.	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		3. PLACE OF DEATH:	
Dorothy Logan		NOV 29 1953		A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		5. CITY OR TOWN (If outside corporate limits, write rural and give township)		6. STREET ADDRESS (If rural, give location)	
A. STATE		B. COUNTY		C. CITY OR TOWN	
Md.		BALTO.		233 S. Spring Ct.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years, last birthday)	
S.		12-12-26		26	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
House Keeper		Attorney		Baltimore, Md.	
12. FATHER'S NAME		13. MOTHER'S MAIDEN NAME		14. CITIZEN OF WHAT COUNTRY?	
Earl Butcher		Minnie Logan		U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No		217-24-3250		JOHNS HOPKINS HOSPITAL	
18. 138.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Sarcoidosis		10 MD.	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-28-1953, to 11-29-1953 that I last saw the deceased alive on 11-29-1953, and that death occurred at 11:15 P.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
W. E. Mather		JOHNS HOPKINS HOSPITAL		11-30-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		12-3-1953		Mt. Auburn Cemetery, Baltimore, Md.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
DEC 2-1953		Rudolph J. Collick		1412 E. Preston St.	



10-11-1917

CERTIFICATE OF DEATH

10-11-1917

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SIGNATURE OF DECEASED

SIGNATURE OF WITNESSES

SIGNATURE OF MINISTER

SIGNATURE OF CLERK

SIGNATURE OF JUDGE

SIGNATURE OF SHERIFF

SIGNATURE OF CORONER

SIGNATURE OF JURY

SIGNATURE OF COURT

SIGNATURE OF STATE

SIGNATURE OF UNION

SIGNATURE OF PEOPLE

SIGNATURE OF NATION

SIGNATURE OF WORLD

SIGNATURE OF UNIVERSE

SIGNATURE OF GOD

SIGNATURE OF SPIRIT

SIGNATURE OF SOUL

SIGNATURE OF BODY

SIGNATURE OF MIND

SIGNATURE OF HEART

SIGNATURE OF LUNGS

SIGNATURE OF LIVER

SIGNATURE OF STOMACH

SIGNATURE OF SPLEEN

SIGNATURE OF PANCREAS

SIGNATURE OF GALLBLADDER

SIGNATURE OF SMALL INTESTINE

SIGNATURE OF LARGE INTESTINE

SIGNATURE OF RECTUM

SIGNATURE OF UTERUS

SIGNATURE OF VAGINA

SIGNATURE OF CERVIX

SIGNATURE OF VULVA

SIGNATURE OF CLITORIS

SIGNATURE OF LABIA

SIGNATURE OF PERINEUM

SIGNATURE OF ANUS

SIGNATURE OF PENIS

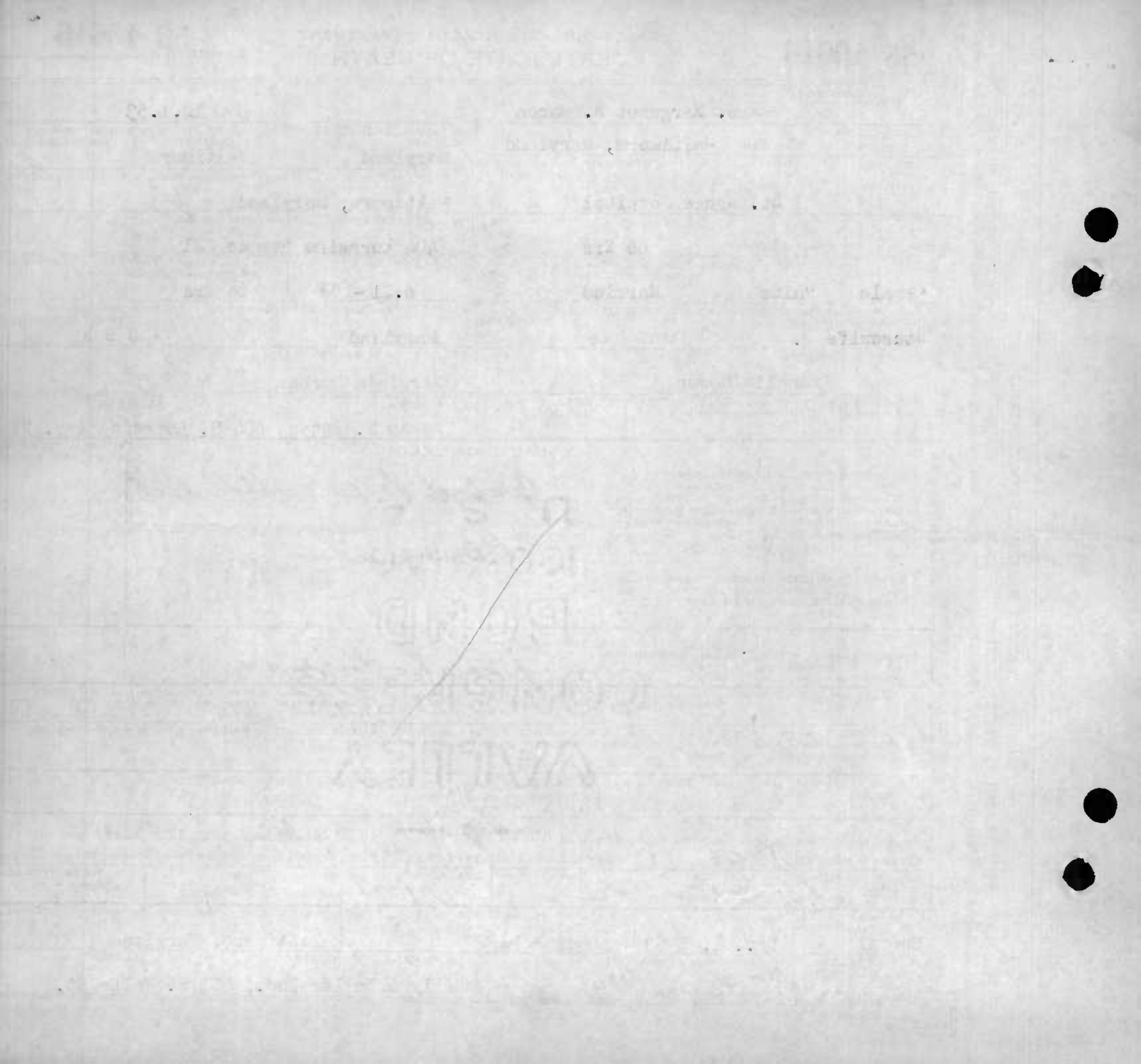
SIGNATURE OF TESTES

SIGNATURE OF PROSTATE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 10616	
BIRTH NO. 53 10616					
1. NAME OF DECEASED (Type or Print) Mrs. Margaret N. Bacon				2. DATE OF DEATH 12.1.53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland D. STREET ADDRESS (If rural, give location) 404 Lorraine Avenue #21	
c. Length of stay in Baltimore 66 Yrs				Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE "hite"	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6.21-1887	9. AGE (In years last birthday) 66 Yrs	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Own Home		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME Franklin Cowen			14. MOTHER'S MAIDEN NAME Virginia Durham		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Thomas S. Bacon			ADDRESS 404 S. Lorraine Ave. 21		
18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident DUE TO Atherosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes & Uremia				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 2				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 27 , 19 53 , to Dec 1 , 19 53 that I last saw the deceased alive on Dec 1 , 19 53 , and that death occurred at 235 m., from the causes and on the date stated above.					
23A. SIGNATURE John D. Stumler			23B. ADDRESS St Agnes Hosp		23C. DATE SIGNED 12-1-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 4, 1953	24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR DEC 2-1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc., 403 S. Wolfe St.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-520

53 10617

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10617

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph W Lynch

2. DATE
OF
DEATH

November 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins

C. CITY OR TOWN (If outside corporate limits, enter RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

281 Herring Court

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 11890

9. AGE (in years
last birthday)

63

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Food Processing Plant

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph W Lynch

14. MOTHER'S MAIDEN NAME

Mary C Gillen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

First World War

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Casper Heid (sister) 5307 Rimmel Ave

18. 442X 1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13 1953 to —, 19—, that I last saw the
deceased alive on 10/13, 1953, and that death occurred at 10 P. M., from the causes and on the date stated above

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/4/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 2 - 1953

VS-150

97042

J. Melville Jenkins 2713 Kirk Ave

1914

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1914

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VALLEY

CONGREGATION

CHURCH

W. 2. A.

1914

1914

1914

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-400
53 10618BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10618

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HANNAH JANE

BELL

2. DATE
OF DEATH 11-29-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2030 Madison Avenue

C. Length of stay in Baltimore

13 yrs.

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE/MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 5, 1896

9. AGE (In years last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Dom. family

11. BIRTHPLACE (State or foreign country)

Northumberland Co., Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joshua

Lampkin

14. MOTHER'S MAIDEN NAME

Minnie Halcum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-22-8128

17. INFORMANT (Name, address)

Mrs. Agnes Lee, 1710 N. Appleton St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

11-30-53

24A. BURIAL. CREMATION. REMOVAL (Specify)

Burial

24B. DATE

Dec. 2, 1953

24C. NAME OF CEMETERY OR CREMATORY

Family lot

24D. LOCATION (City, town, or county)

Lillian, Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

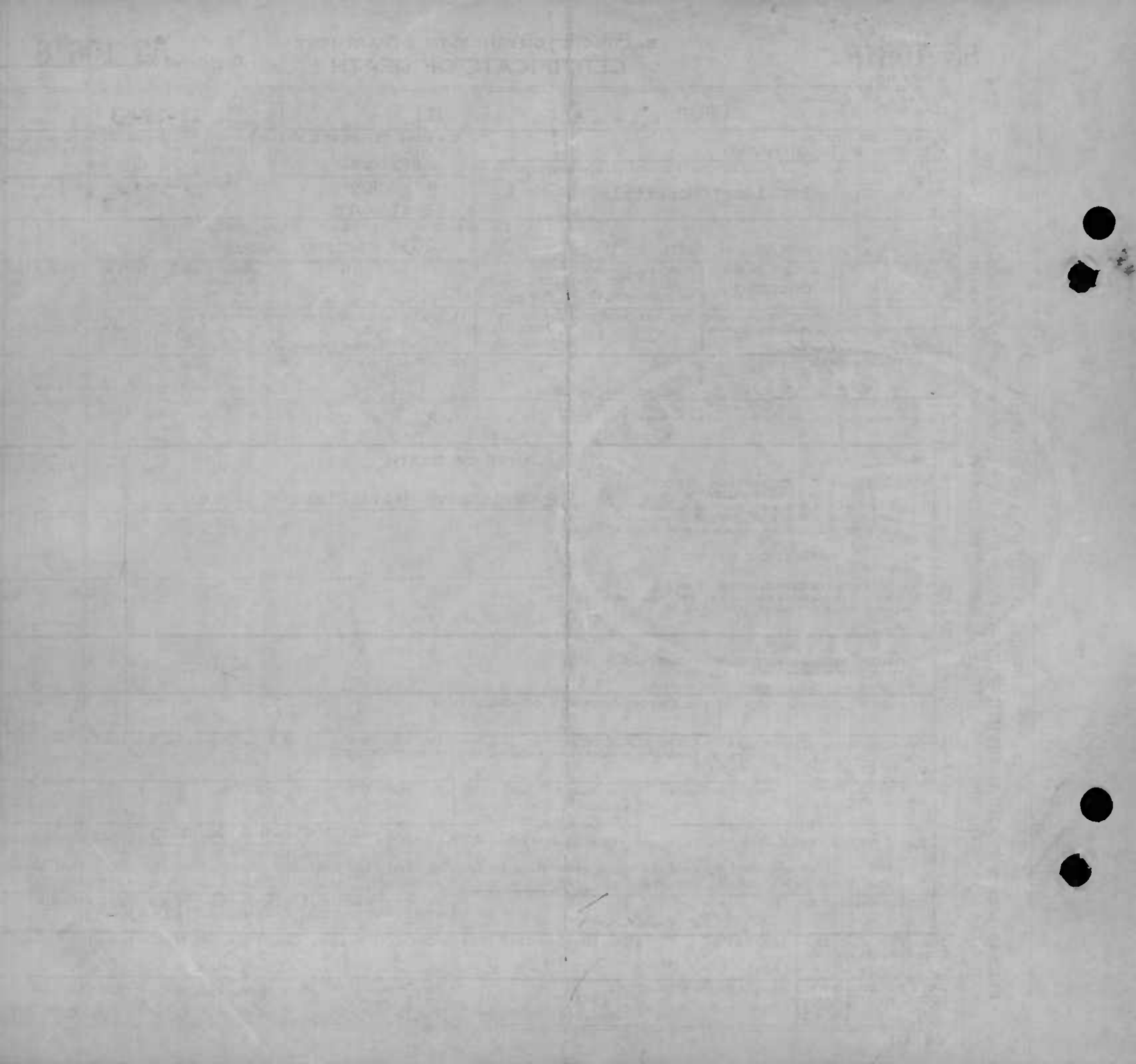
Huntington Williams

25. FUNERAL DIRECTOR

Hallard

ADDRESS

1633 Summit Hill Ave.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-10619

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53-10619

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jannie Clark

2. DATE
OF
DEATH

11-29-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-0

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

1629 Madison Ave.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 26, 1887

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

S. Carolina

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Henderson

14. MOTHER'S MAIDEN NAME

Mabel Henderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

George Clark (Husband) - 1629 Madison Ave.

18. 410X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Congestive Heart Failure

(A)

DUE TO

Mitral Insufficiency & Stenosis

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28, 1953 to 11-29, 1953, that I last saw the
deceased alive on 11-29, 1953, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. [Signature]

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

11-31-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec. 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Funeral Home
1631, Duval Hill Ave.

1911

THE UNIVERSITY OF CHICAGO

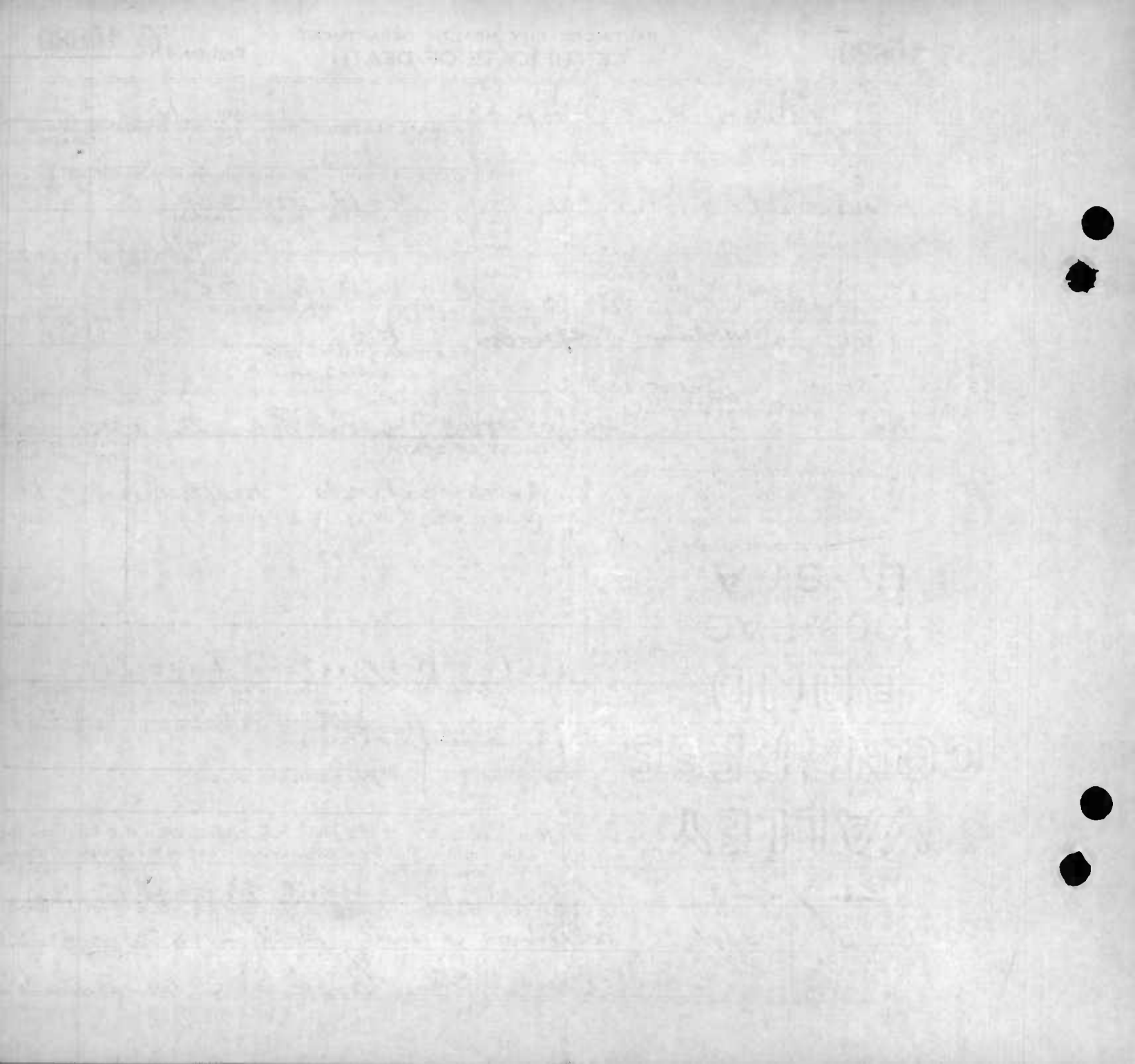
LIBRARY

1911

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F523 53 10620 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10620 Registered No.	
1. NAME OF DECEASED (Type or Print) William K. Finnister			2. DATE OF DEATH 12-1-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 38 University Hospital			C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township) Baltimore		
C. Length of stay in Baltimore 2 Yrs. Mos. Days			D. STREET ADDRESS (if rural, give location) 5509 Remmell Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 10, 1878	9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Watchman - Koppers Co.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Finnister			14. MOTHER'S MAIDEN NAME Susan K. -		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 214-05-384A		17. INFORMANT ADDRESS Mrs. Lula Finnister, 5509 Remmell Ave.	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Anteriosclerotic heart disease (Congestive failure)			CAUSE OF DEATH Anteriosclerotic heart disease (Congestive failure)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH 30 days		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute Respiratory Infection					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED -		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-29-1957 to 12-1-1957 , that I last saw the deceased alive on 12-1-1957 , and that death occurred at 8:28 m., from the causes and on the date stated above.					
23A. SIGNATURE Lewis C. Richmond, Jr. M.D.		23B. ADDRESS University Hospital		23C. DATE SIGNED 12-1-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/4/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 N. Paul St.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 2 - 1953		REGISTRAR'S SIGNATURE Huntington Williams			



AB-16643
53 10621
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10621

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Mary Della Hannah			Dec. 1-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
			A. STATE Maryland B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write R.U.D. and give township)		
31 Baltimore City Hospitals			Baltimore 26-12		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
Life			Baltimore City Hospitals-4940 Eastern Ave.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Female	White	Widowed	March 1-1871	82	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
housewife			Maryland		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Phillip Cowman			Mary Catherine Claggette(Claggitte)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
			4940 Eastern Ave. Records: Baltimore City Hospitals		

18. 434.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
(A) Pulmonary Edema			DUE TO					
ANTECEDENT CAUSES			(B) Chronic Congestive Heart Failure					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO					
(C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY?		
0						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
m.								
22. I hereby certify that I attended the deceased from 1-16-1948, to 12-1-1953 that I last saw the deceased alive on 12-1-1953, and that death occurred at 4:40AM., from the causes and on the date stated above.								
23A. SIGNATURE			23B. ADDRESS			23C. DATE SIGNED		
H. D. 4940 Eastern Ave., Baltimore, Md.			12-1-1953					
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)		
burial		12/3/53		Baltimore cemetery		Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS				
VS 150		H. D. 4940 Eastern Ave., Baltimore, Md.		Wm. Cook, Inc.		1217 St. Paul Street		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100-1-100

VALLEY CONGRESS

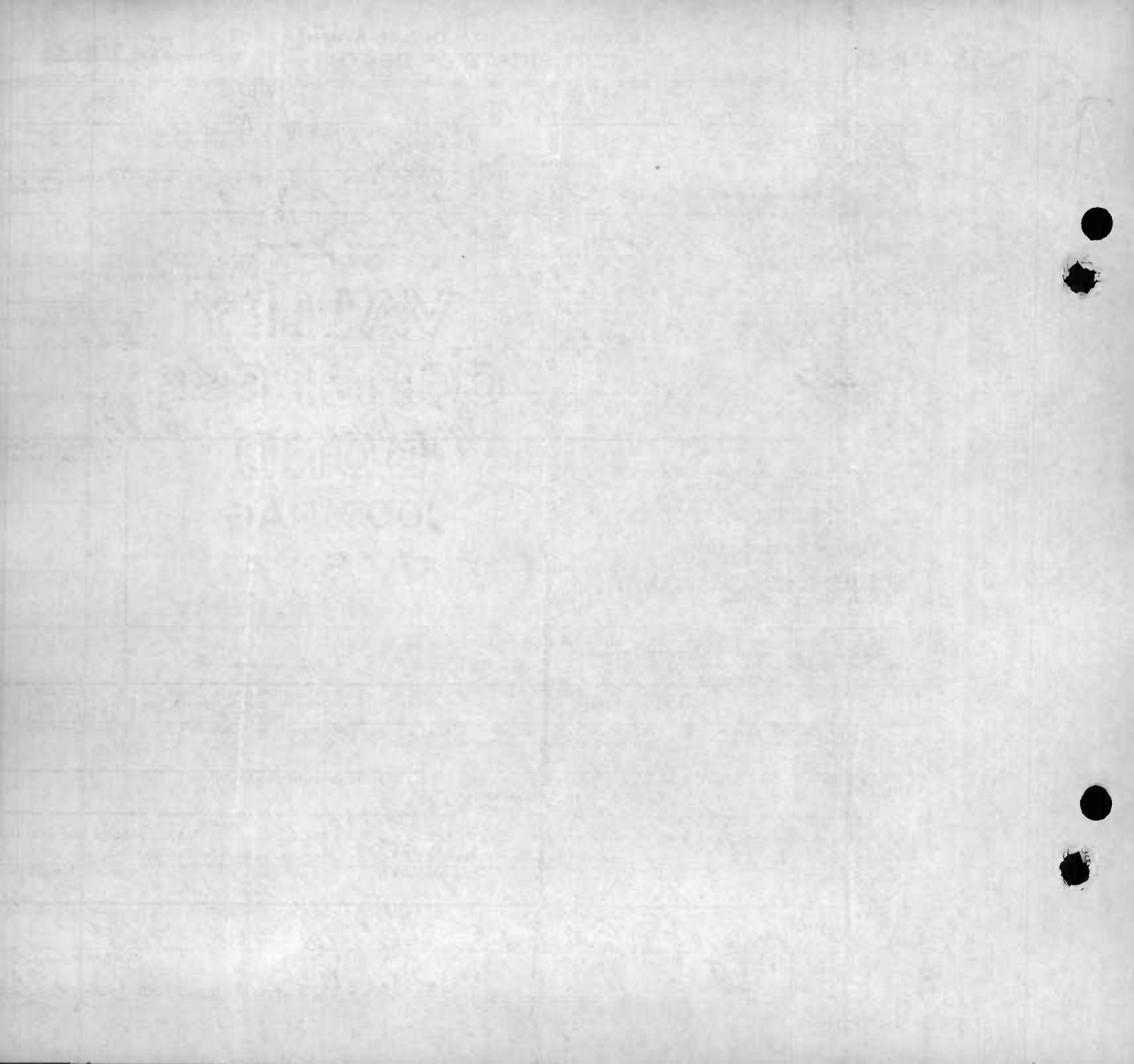
100-1-100
100-1-100
100-1-100

100-1-100



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E152 53 10622 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10622	
1. NAME OF DECEASED (Type or Print) THOMAS EVANS			2. DATE OF DEATH 11-29-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balls Bl.		
C. Length of stay in Baltimore 30 yrs?			D. STREET ADDRESS (If rural, give location) 924 Pierce St.		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 29-1900	9. AGE (In years last birthday) 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant		10B. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Phillip Evans			14. MOTHER'S MAIDEN NAME Margaret Keith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mary Evans	
18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Hemorrhage			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Ruptured Esophageal varices			
		(C) Cirrhosis of the Liver			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(D) bilateral Pneumonia			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-29-1953 , to 11-29-1953 , that I last saw the deceased alive on 11-29-53 , 19____, and that death occurred at 4:50 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Ignacio T. Garcia			23B. ADDRESS Provident Hospital		23C. DATE SIGNED 11-30-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/3/1953		24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial	
24D. LOCATION (City, town, or county) (State) Arbutus Md.		25. FUNERAL DIRECTOR Mrs. Kate R. Williams		ADDRESS 322 N. Schroeder St.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 2-1953		REGISTRAR'S SIGNATURE Huntington Williams			



V-500
53 10623BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10623
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Berna Veanie

2. DATE
OF
DEATH

Nov. 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

779 W. Saratoga St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

779 W. Saratoga St.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 3, 1893

9. AGE (in years,
last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laundress

10B. KIND OF BUSINESS OR
INDUSTRY

Hospital

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Fleet Bunnell

14. MOTHER'S MAIDEN NAME

Harriett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Thomas H. Veanie

ADDRESS

779 W. Saratoga St.

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

gastric carcinoma

INTERVAL BETWEEN
ONSET AND DEATH

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1953, to Nov 29, 1953 that I last saw the
deceased alive on Nov 28, 1953 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William H. L. Smith

23B. ADDRESS

5156 Greenway

23C. DATE SIGNED

12/2/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/3/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cem. Balto. Md.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

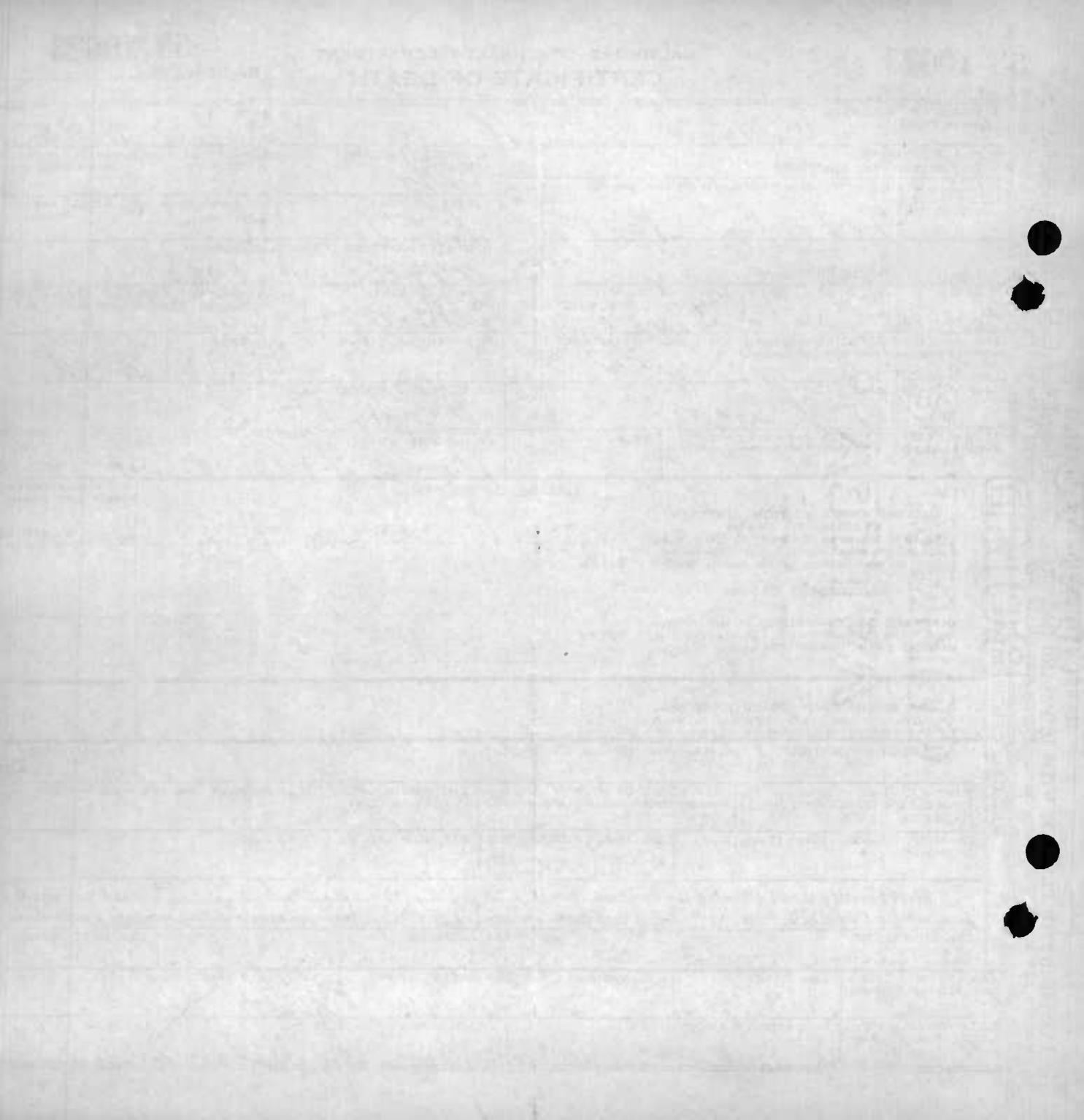
H. L. Smith

25. FUNERAL DIRECTOR

Miss Kate R. Williams

ADDRESS

322 N. Schroeder St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10624 BIRTH No.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10624 Registered No.	
1. NAME OF DECEASED (Type or Print) <u>LOUIS</u>			2. DATE OF DEATH <u>Dec. 2, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>11-01</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>1</u> Yrs. <u>1</u> Mos. <u>1</u> Days			D. STREET ADDRESS (If rural, give location) <u>610 N. Calvert St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7/16/1891</u>	9. AGE (In years last birthday) <u>62</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Hochschild</u>	11. BIRTHPLACE (State or foreign country) <u>Elkridge Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>James T. Cooney</u>			14. MOTHER'S M maiden name <u>Winifred Mulcahy</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Mr. William H. Cooney</u>		
18. <u>002X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pulmonary Tuberculosis</u> <u>Cirrhosis of the liver</u> <u>Arteriosclerotic cardiovascular disease</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <u>Pulmonary Tuberculosis</u> <u>Cirrhosis of the liver</u> <u>Arteriosclerotic cardiovascular disease</u> (B) <u></u> (C) <u></u>		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William V. ...</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>Dec. 2, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>12/5/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>St. Augustines Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Elkridge Md.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 24 1953</u>	REGISTRAR'S SIGNATURE <u>...</u>	25. FUNERAL DIRECTOR <u>John J. ...</u>		ADDRESS <u>...</u>	

18001 72

18001 72

18001 72



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-622
10625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10625

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Dominic P. Marsiglia		2. DATE OF DEATH Dec 1-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Balto. Gen. Hosp.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore			
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 1548 William Street			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 22-1903	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days: 8 9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Fruit Business		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Giuseppe Marsiglia		14. MOTHER'S MAIDEN NAME Concetta Serio			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212-20-9791		17. INFORMANT ADDRESS Emma Marsiglia 1548 William St.	
18. I 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Artery Heart Disease		CAUSE OF DEATH (A) DUE TO Coronary Thrombosis.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/21 , 19 53 to 12-1 , 19 53 , that I last saw the deceased alive on 11/28 , 19 53 , and that death occurred at 4pm from the causes and on the date stated above					
23A. SIGNATURE Vincent M. Messina M. D.		23B. ADDRESS 1403 S. Charles St.		23C. DATE SIGNED 12/1/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 4-1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR ADDRESS Joseph Farace Inc. 712-14 E. North Ave			

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-420 53 10626 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10626 Registered No.	
1. NAME OF DECEASED (Type or Print) <u>FRANKLIN</u> <u>BLAKE</u>			2. DATE OF DEATH <u>Dec. 1, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>1204</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Memorial Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>67</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>2111 N. Calvert St.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct 1886</u>	9. AGE (in years last birthday) <u>67</u>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRK Paper</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Manager</u>		
11. BIRTHPLACE (State or foreign country) <u>Balto Md</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Robert L Blake</u>			14. MOTHER'S MAIDEN NAME <u>Ellen Lillman</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>217-09-1104A</u>		
17. INFORMANT <u>John A Blake</u>			ADDRESS <u>2016 E 31st St</u>		
18. <u>443X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) <u>Hypertensive cardiovascular disease</u> DUE TO CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William H. [Signature]</u>			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>Dec. 2, 1953</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Dec 3 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore</u>	
24D. LOCATION (City, town, or county) <u>Baltimore Md.</u>		(State)			
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 2 1953</u>		REGISTRAR'S SIGNATURE <u>William H. [Signature]</u>		25. FUNERAL DIRECTOR <u>W. E. 2324 [Signature]</u> ADDRESS <u>[Signature]</u>	

2004 05

STAGE 10 - 1000000

1000000



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-293010627

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 10627

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie Miccio

2. DATE
OF
DEATH

12-1-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland, 6420 Reisterstown Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

The Seton Institute

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2 Oxford St, Chevy Chase, Md.

C. Length of stay in Baltimore 10 yr. 4 mo. 15 da.

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

9-30-1869

9. AGE (in years, last birthday)

84

If Under 1 Year Months: Days

2

If Under 24 Hours Hours Min.

1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Sorrento, Italy

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
The Seton Institute, Balt., Md.

1B. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO General arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arterial hypertension

DUE TO Psychosis with cerebral arterio-sclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

" " "

INTERVAL BETWEEN ONSET AND DEATH

2 1/2

about 25 yr.

or 10 yr.

12 years

12 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 16, 1943, to Dec. 1, 1953, that I last saw the deceased alive on Dec. 1, 1953, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter J. Jahnke

23B. ADDRESS

4212 Patterson Ave

23C. DATE SIGNED

12/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec/4/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Stewart & Mowen Co., 108 W. North Ave

City #1.

1901

STATE OF NEW YORK

1901

CERTIFICATE OF DEATH

1



S-254
53 10628BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10628

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Beatrice Scanlon (Margaret Ellen)

2. DATE OF DEATH Nov. 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Villa St. Michael

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

c. Length of stay in Baltimore

50 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Wilkins Ave.

25-41

5. SEX

Fem.

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 11-1875

9. AGE (In years last birthday)

78 yrs.

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

nurse

10B. KIND OF BUSINESS OR INDUSTRY

Sister of Charity

11. BIRTHPLACE (State or foreign country)

Roxbury - Mass.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Scanlon

14. MOTHER'S MAIDEN NAME

Elen Walsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Sister Mary Loretta - Villa St. Michael

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio-vascular Collapse 2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio sclerosis (General) ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 1952 to 1/11 1953, that I last saw the deceased alive on 1/11 1953, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dorothy P. Alayis M.D.

23B. ADDRESS

3376 Frederick St.

23C. DATE SIGNED

1/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec-3-1953

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph's Cemetery

24D. LOCATION (City, town, or county)

Cromwell, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Stewart & Mowen Co., 108 W. North Ave.

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Race	
4. Date of birth		5. Date of death		6. Place of death	
7. Usual residence		8. Cause of death		9. Manner of death	
10. Physician		11. Certifying physician		12. Signature	
13. Date		14. Place		15. Signature	
16. Date		17. Place		18. Signature	
19. Date		20. Place		21. Signature	
22. Date		23. Place		24. Signature	
25. Date		26. Place		27. Signature	
28. Date		29. Place		30. Signature	
31. Date		32. Place		33. Signature	
34. Date		35. Place		36. Signature	
37. Date		38. Place		39. Signature	
40. Date		41. Place		42. Signature	
43. Date		44. Place		45. Signature	
46. Date		47. Place		48. Signature	
49. Date		50. Place		51. Signature	
52. Date		53. Place		54. Signature	
55. Date		56. Place		57. Signature	
58. Date		59. Place		60. Signature	
61. Date		62. Place		63. Signature	
64. Date		65. Place		66. Signature	
67. Date		68. Place		69. Signature	
70. Date		71. Place		72. Signature	
73. Date		74. Place		75. Signature	
76. Date		77. Place		78. Signature	
79. Date		80. Place		81. Signature	
82. Date		83. Place		84. Signature	
85. Date		86. Place		87. Signature	
88. Date		89. Place		90. Signature	
91. Date		92. Place		93. Signature	
94. Date		95. Place		96. Signature	
97. Date		98. Place		99. Signature	
100. Date		101. Place		102. Signature	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10629
Registered No. _____

City #1.

BODY TAKEN BY

NAME

ADDRESS

DATE

BODY TAKEN BY

NAME

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Med-Ex Case M-635 53 10630		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10630 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Richard Martin		Dec. 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		D. STREET ADDRESS (If rural, give location)	
JOHNS HOPKINS HOSPITAL		Mich Detroit 24		4890 Audubon	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Male	White	Single	12-18-29	23	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Electrician	Unemployed	Detroit Michigan			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Lyle Martin					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
None				JOHNS HOPKINS HOSPITAL	
18. 754.4		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cardiac arrest		5 min	
ANTECEDENT CAUSES		(B) transposition of great vessels		23 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		operative hemorrhage		1 hour	
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
12-2-53	congenital heart disease				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-1-1953 to 12-2-1953 that I last saw the deceased alive on 12-2-1953 and that death occurred at 12:30 P. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Frank Cole Jones		JOHNS HOPKINS HOSPITAL			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
Final	12-5-53	Mr. Oliver	Detroit Mich		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS	
DEC 3 1953	William H. Williams	James D. Davenport		Baltimore	

NOT A MEDICAL EXAMINER'S CASE
R. J. Fisher
..... M.D.
CHIEF OR ASST. MEDICAL EXAMINER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-663
53 10631

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10631

BIRTH NO. 10746

1. NAME OF DECEASED (Type or Print) *Susan L. Berardinelli*

2. DATE OF DEATH *Dec 2 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Steel 3*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *West Virginia*
B. COUNTY *Wheeling*

5. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Wheeling*

7. STREET ADDRESS (If rural, give location) *2410 Steel Ave*

8. Length of stay in Baltimore *35 days*

9. SEX *Female*

10. COLOR OR RACE *White*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Single*

12. DATE OF BIRTH *9-5-1953*

13. AGE (In years last birthday) *3*

14. If Under 1 Year Months: Days

15. If Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *None*

17. KIND OF BUSINESS OR INDUSTRY *No*

18. BIRTHPLACE (State or foreign country) *Wheeling - West Va.*

19. CITIZEN OF WHAT COUNTRY *U.S.A.*

20. FATHER'S NAME *Edmund Berardinelli*

21. MOTHER'S MAIDEN NAME *Unknown*

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No*

23. SOCIAL SECURITY NO. *None*

24. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) *Dilatation of Pulmonary Artery*

27. ANTECEDENT CAUSES (B) *Congenital Heart Disease*

28. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

30. 19A. DATE OF OPERATION *12/2/53*

31. 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED *Cony Heart disease*

32. 19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

33. 20. AUTOPSY? YES ☒ NO ☐

34. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐

35. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

36. 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

37. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

38. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

39. 21F. HOW DID INJURY OCCUR?

40. 22. I hereby certify that I attended the deceased from *10-28, 1953*, to *12-2, 1953*, that I last saw the deceased alive on *12-2, 1953*, and that death occurred at *1.00 P.M.*, from the causes and on the date stated above.

41. 23A. SIGNATURE *Margaret D. Bailey*

42. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

43. 23C. DATE SIGNED *12/2/53*

44. 24A. BURIAL, CREMATION, REMOVAL (Specify) *REMOVAL*

45. 24B. DATE *Dec. 2, 1953*

46. 24C. NAME OF CEMETERY OR CREMATORY *Bodey Funeral Home*

47. 24D. LOCATION (City, town, or county) (State) *Wheeling, W. Va.*

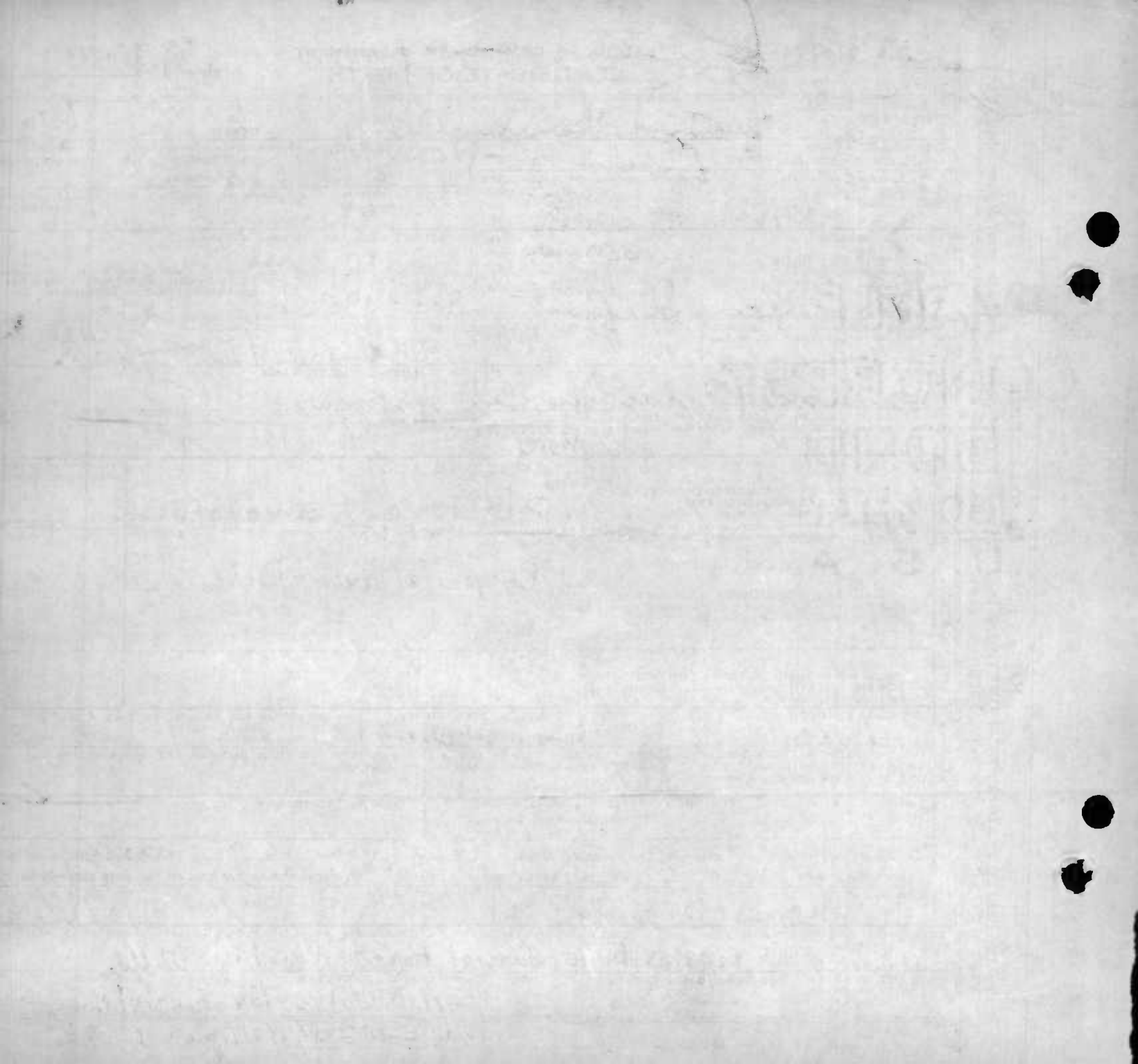
48. DATE RECEIVED BY LOCAL REGISTRAR

49. REGISTRAR'S SIGNATURE

50. 25. FUNERAL DIRECTOR *Earl B. Wolverton Funeral Home, Inc.*

51. ADDRESS *403 E. 25th St. Baltimore-18, Md.*

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-540

53 10632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10632

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Ann Hamill

2. DATE
OF
DEATH

Dec. 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 310 Radnor Rd

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

310 Radnor Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-11

D. STREET ADDRESS (If rural, give location)

310 Radnor Road

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday)

About 86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Owens

14. MOTHER'S MAIDEN NAME

Eliza Hogan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Francis J. Hamill 1 St. Dunstons Garth

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

(B) DUE TO

Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1953, to Dec. 1, 1953 that I last saw the
deceased alive on 11/20/53, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above

23A. SIGNATURE

Francis J. Hamill

M. D.

23B. ADDRESS

6201 York Rd

23C. DATE SIGNED

12/2/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 4, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

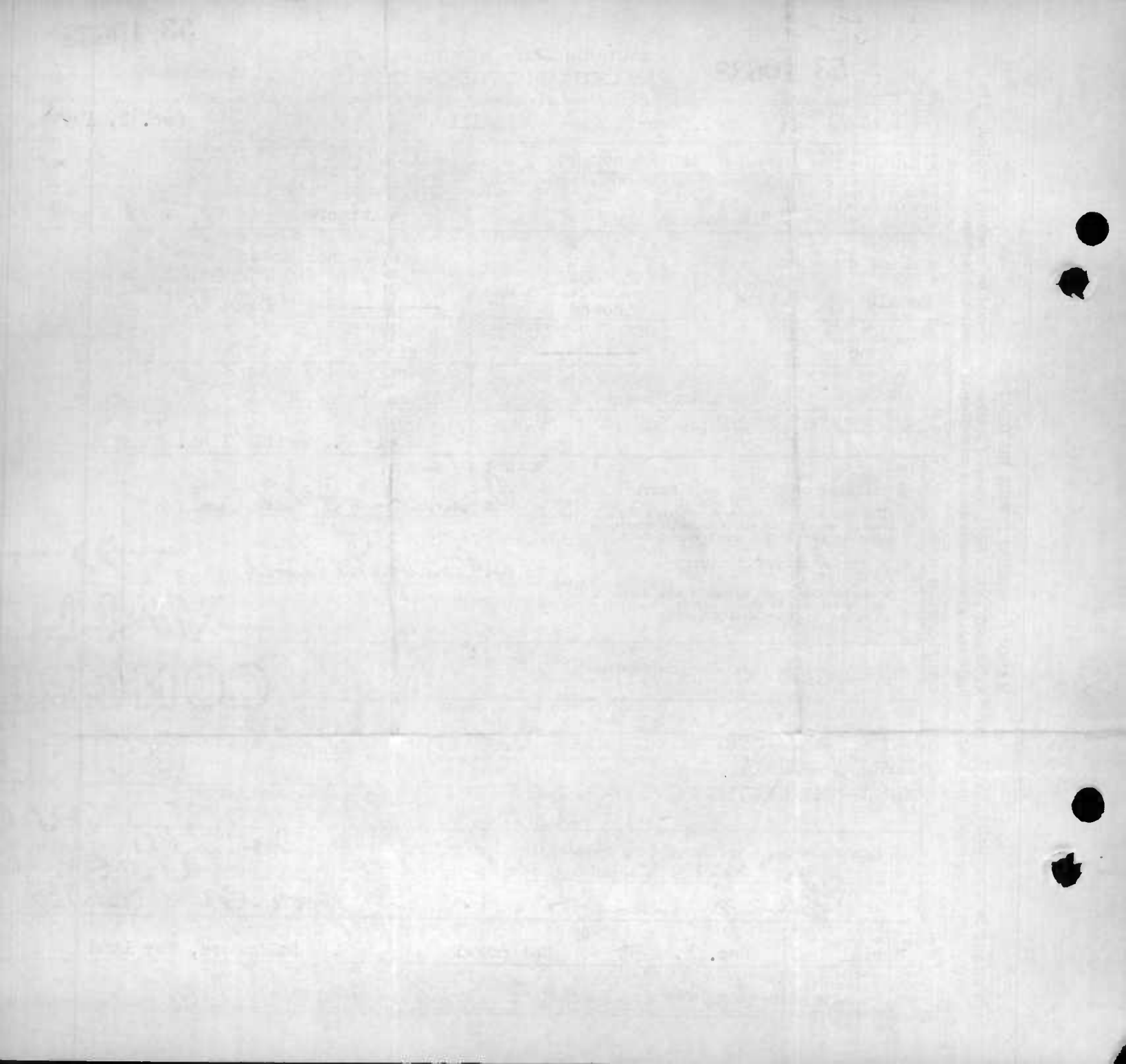
25. FUNERAL DIRECTOR

J. M. Lewis & Son - 845 N. Calvert St.

ADDRESS

DEC 2 - 1953

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 10633	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) ALICE MARGARET KEMP				2. DATE OF DEATH 12-1-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Sinai Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1530 Cole St. #23	
6. SEX F	7. COLOR OR RACE W	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	9. DATE OF BIRTH March 18-1897		10. AGE (In years last birthday) 56
11A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			11B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME WAGNER			14. MOTHER'S MAIDEN NAME Augusta McCarron		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT W.C. Kemp			ADDRESS 1533 Cole St		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive CVD + Arteriosclerotic CVD					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11/22		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/22 , 19 53 to 12/1 , 19 53 that I last saw the deceased alive on 12/1 , 19 53 , and that death occurred at 8:15 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE W.C. Kemp		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 12/1/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE DEC 4-1953		24C. NAME OF CEMETERY OR CREMATORY GLEN HAVEN CEM	
24D. LOCATION (City, town, or county) (State) A.A. Co MD		25. FUNERAL DIRECTOR Pratt & Stricker Sts			
DATE RECEIVED BY LOCAL REGISTRAR DEC 3-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Pratt & Stricker Sts	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-150
53 10634

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10634
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *MARTHA J. ROBINSON*

2. DATE OF DEATH *Nov. 30, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Maryland* B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION
St. Joseph Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
1115 East North Ave.

8. Length of stay in Baltimore *Life*

9. SEX *F* 10. COLOR OR RACE *W* 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Single*

12. DATE OF BIRTH *May 1, 1869* 13. AGE (in years; last birthday) *84* 14. Under 1 Year Months Days 15. Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housekeeper* 17. KIND OF BUSINESS OR INDUSTRY *At. Home* 18. BIRTHPLACE (State or foreign country) *Baltimore Md.* 19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME *William T. Robinson* 21. MOTHER'S MAIDEN NAME *Ann Wooden*

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *no* 23. SOCIAL SECURITY NO. *none* 24. INFORMANT *Miss Helen R. Hall* ADDRESS *Same*

18. *422.2* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Chronic myocarditis & myocardial degeneration
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct 23*, 1953, to *Oct 6*, 1953, that I last saw the deceased alive on *Oct 6*, 1953, and that death occurred at *12:45* m., from the causes and on the date stated above

23A. SIGNATURE *D. E. E. E. E.* 23B. ADDRESS *1115 East North* 23C. DATE SIGNED *Dec 2, 1953*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Dec. 3, 1953* 24C. NAME OF CEMETERY OR CREMATORY *Baltimore Cemetery* 24D. LOCATION (City, town, or county) *Baltimore Md.*

DATE RECEIVED BY LOCAL REGISTRAR *Huntington Williams, M.D.* REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR *Henry Sander & Sons Inc.* ADDRESS *Baltimore Maryland*

DEC 3 1953

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10635
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eby, William H., Sr.

2. DATE
OF DEATH December 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

704 Springfield Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 21 1890

9. AGE (In years
last birthday)

63

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pharmacist

10B. KIND OF BUSINESS OR INDUSTRY

Drug Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

James W Eby

14. MOTHER'S MAIDEN NAME

Jennie Short

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

212-07-2358

17. INFORMANT

Mrs Dorothy Frinks

ADDRESS

Same

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the prostate and pelvis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Complete obstruction of the popliteal artery, left, due to thrombosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from November 21, 1953, to December 2, 1953, that I last saw the deceased alive on Dec. 2, 1953, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. [Signature]

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

Dec. 2, 1953

24A. BURIAL, CREMATION, RENOVAL (Specify)

Burial

24B. DATE

Dec 5 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. W. Jenkins & Sons Co 4905 York Rd

ADDRESS

1940

BIRMINGHAM CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940

1940

DEPARTMENT OF HEALTH

ALABAMA

STATE OF ALABAMA

DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH

ALABAMA

STATE OF ALABAMA

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10636		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10636 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		McGoy Freddie Smith.		12-1-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		Md.		Allegheny	
University Hospital.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Little Orleans.	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)		5100	
20					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
M.	W.	married.	July 13, 1906	47	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Chauffeur.		State Road Comm.		Piney Grove Maryland.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Russell Smith.		Effie Garland.		USA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No				wife. Hazel B Smith same.	
18. 237 X I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Brain tumor.		about 11 mos	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Respiratory failure	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY?	
11-16-53.		Brain tumor.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-11-1953 to 12-1-1953, that I last saw the deceased alive on 12-1-1953, and that death occurred at 7:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Raguel Lopez Cardenas, D.		University Hospital		12-1-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Dec. 4, 1953		Piney Grove Cemetery	
				Piney Plains Md	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS			
		George Funeral Home			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
DEC 3-1953		Montgomery Williams		202 Greene St Cumberland Md	
VS 150		68324			

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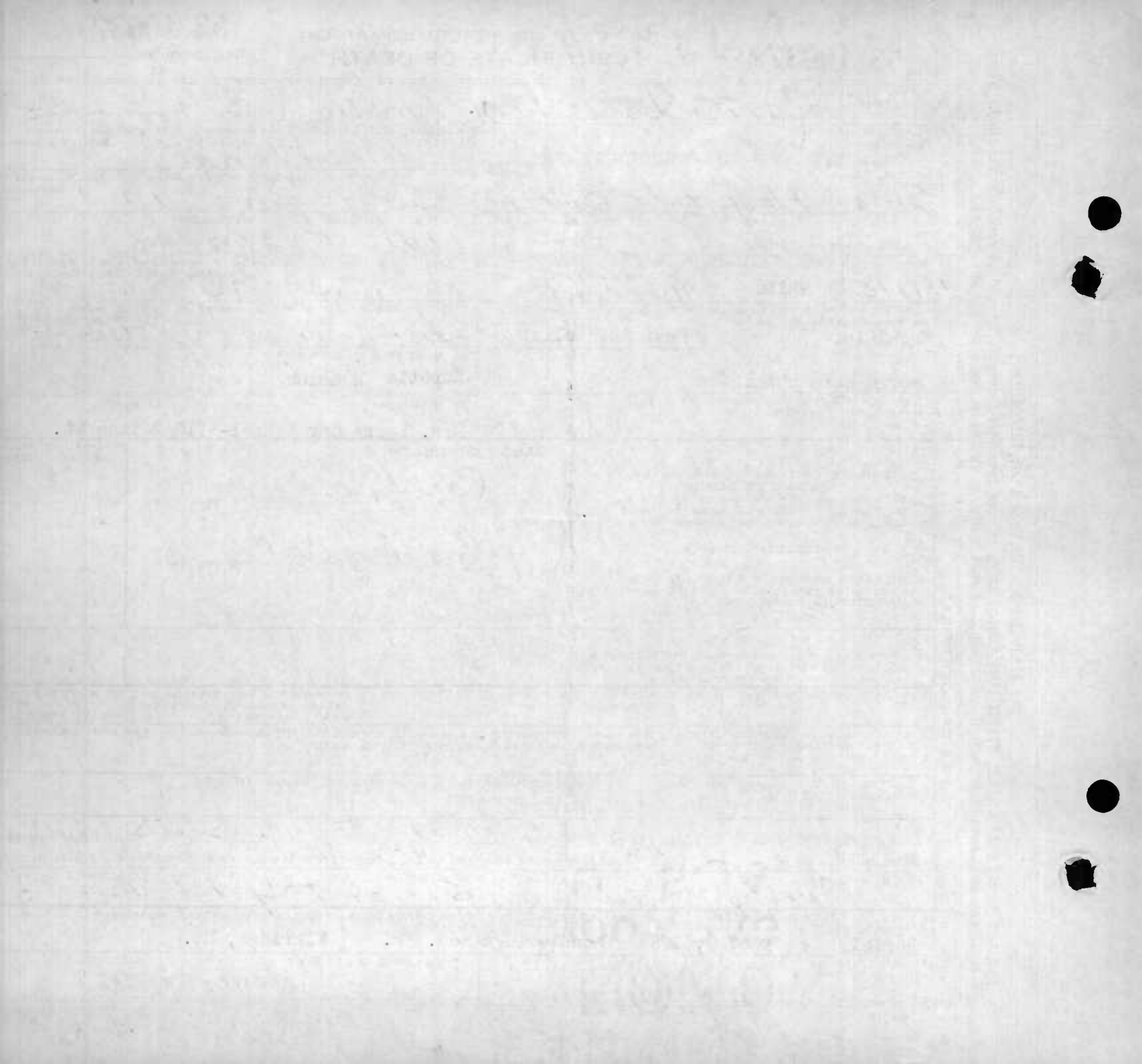


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 10637	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO. 53 10637		1. NAME OF DECEASED (Type or Print) <i>Carmichael-</i>		2. DATE OF DEATH <i>12-2-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital of Balt. Inc.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17</i>			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1710 Bolton St. 5x14-21</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>10-7-83</i>	9. AGE (In years last birthday) <i>70</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Heat Specialist</i>		11. BIRTHPLACE (State or foreign country) <i>Indiana</i>	
13. FATHER'S NAME <i>George Carmichael</i>		14. MOTHER'S MAIDEN NAME <i>Euretta Rudolph</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>215-05-4530</i>		17. INFORMANT ADDRESS <i>Mrs. Laura Carmichael-1710 Bolton St.</i>	
18. <i>162X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cachexia</i>		CAUSE OF DEATH (A) DUE TO <i>Brochogenic Carcinoma</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>11-21-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-21-53</i> to <i>12-2-53</i> , that I last saw the deceased alive on <i>12-2-53</i> and that death occurred at <i>10:20 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. J. Miller M.D.</i>		23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>12-2-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 5, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Meadowridge Mem. Pk.</i>	
24D. LOCATION (City, town, or county) (State) <i>Elkridge, Md.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Vickener & Son</i>		ADDRESS <i>Balto. 17, Md.</i>	

54724



5-536
53 10638BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10638

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE B. SANDROCK

2. DATE
OF
DEATH Dec. 1, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
location)
HOSPITAL OR
INSTITUTION St. Joseph's HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore 26-01D. STREET ADDRESS (If rural, give location)
5904 Grace Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Aug. 22, 1919

9. AGE (In years
last birthday)

34

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Coppersmith10B. KIND OF BUSINESS OR
INDUSTRY
Bethlehem Steel Co11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter R. Sandrock

14. MOTHER'S MAIDEN NAME

Katherine Barth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
yes World War II16. SOCIAL
SECURITY NO.
160-14-8861

17. INFORMANT

ADDRESS

Mrs. Gertrude M. Sandrock-5904 Grace Ave

18. E 974 x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxiation due to hanging

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)
5904 Grace Ave.21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
Dec. 1, 1953

m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒21F. HOW DID INJURY OCCUR?
Hanged himself in beam in cellar22. I certify that I took charge of the remains described above, held an Inspection Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

*Willie Sandrock*23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Dec. 2, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

12/4/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151 1s

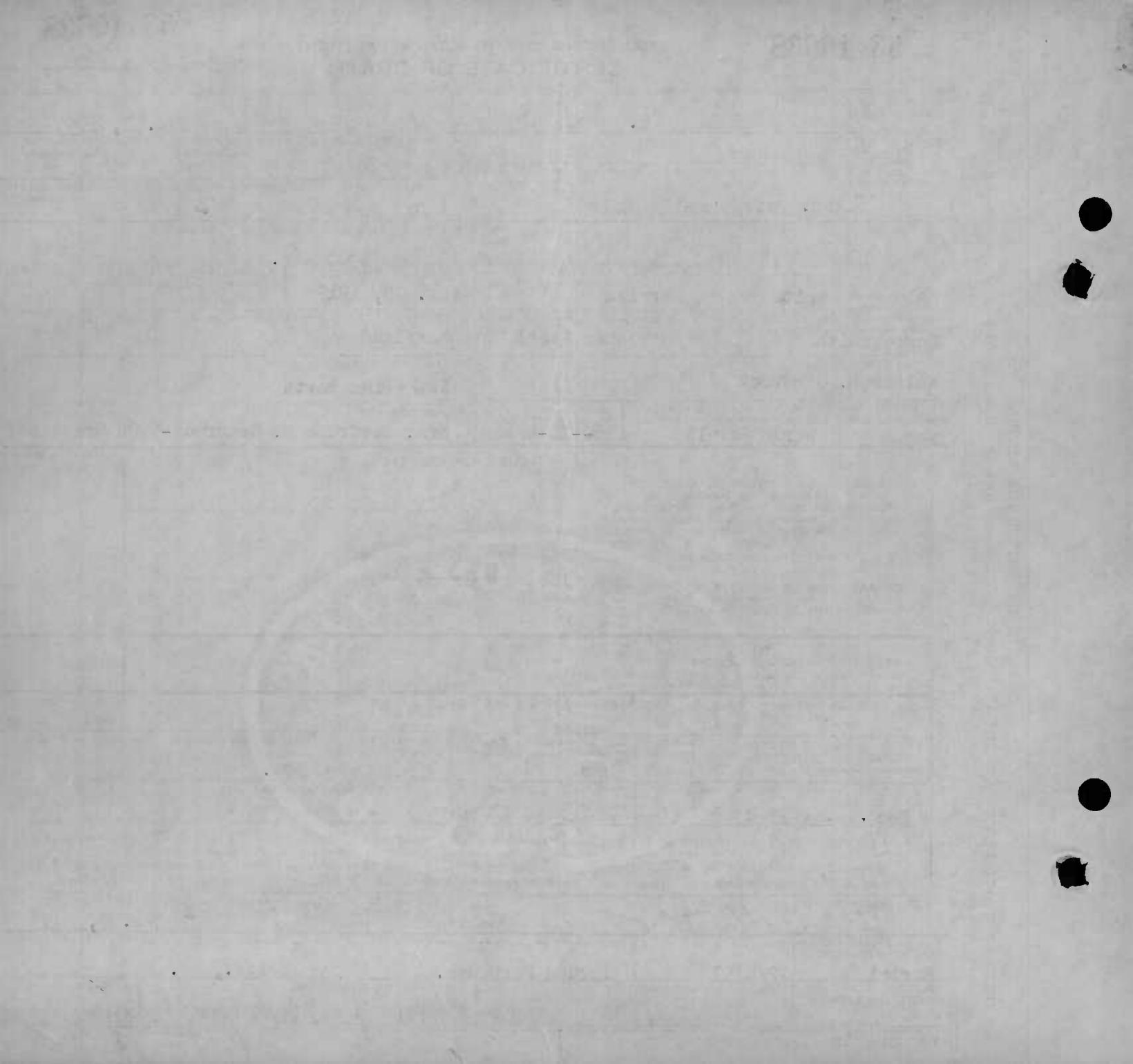
N991x

5913A

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11-320
53 10839

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10839
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Joseph Statta*

2. DATE OF DEATH *Dec. 1, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Md.*
B. COUNTY *7-05*

5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)
1509 E. Madison St.

6. CITY OR TOWN (If outside corporate limits, write full name and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
1509 E. Madison St.

8. Length of stay in Baltimore *Life*

9. SEX *Male*

10. COLOR OR RACE *Colored*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

12. DATE OF BIRTH *April 5, 1894*

13. AGE (In years last birthday) *59*

14. Under 1 Year Months Days

15. Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country)
Md.

19. CITIZEN OF WHAT COUNTRY?
U.S.A.

20. FATHER'S NAME
Unknown

21. MOTHER'S MAIDEN NAME
Olivia

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
no

23. SOCIAL SECURITY NO.

24. INFORMANT
Geneva Wether

25. ADDRESS
1509 E. Madison St.

26. CAUSE OF DEATH

27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
420.1 and 260x
Cerebral occlusion

28. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) *Hypertensive Cardiovascular Disease*
(C) *Arterio Sclerosis*

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Diabetes Mellitus and Chronic Nephritis

30. DATE OF OPERATION

31. CONDITION FOR WHICH OPERATION WAS PERFORMED

32. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

33. AUTOPSY? YES ☒ NO ☐

34. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

35. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

36. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

37. TIME (Month) (Day) (Year) (Hour) OF INJURY

38. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

39. HOW DID INJURY OCCUR?

40. I hereby certify that I attended the deceased from *March, 1951* to *Dec 1, 1953*, that I last saw the deceased alive on *Nov 30, 1953*, and that death occurred at *5:30 P.m.*, from the causes and on the date stated above.

41. SIGNATURE *Ralph J. Young* M. D.

42. ADDRESS *1532 E. Monument St*

43. DATE SIGNED *12/2/53*

44. BURIAL, CREMATION, REMOVAL (Specify)

45. DATE

46. NAME OF CEMETERY OR CREMATORY

47. LOCATION (City, town, or county) (State)

48. DATE RECEIVED BY LOCAL REGISTRAR

49. REGISTRAR'S SIGNATURE

50. FUNERAL DIRECTOR

51. ADDRESS

52. *Huntington Williams, M.D.*

53. *Mrs. Robert A. Elliott's Daughter*

54. *97099 1429 N. Caroline*

CHIEF OF BUREAU

DEPARTMENT OF JUSTICE

WASHINGTON

RECEIVED

NOV 11 1903

RECEIVED

NOV 11 1903

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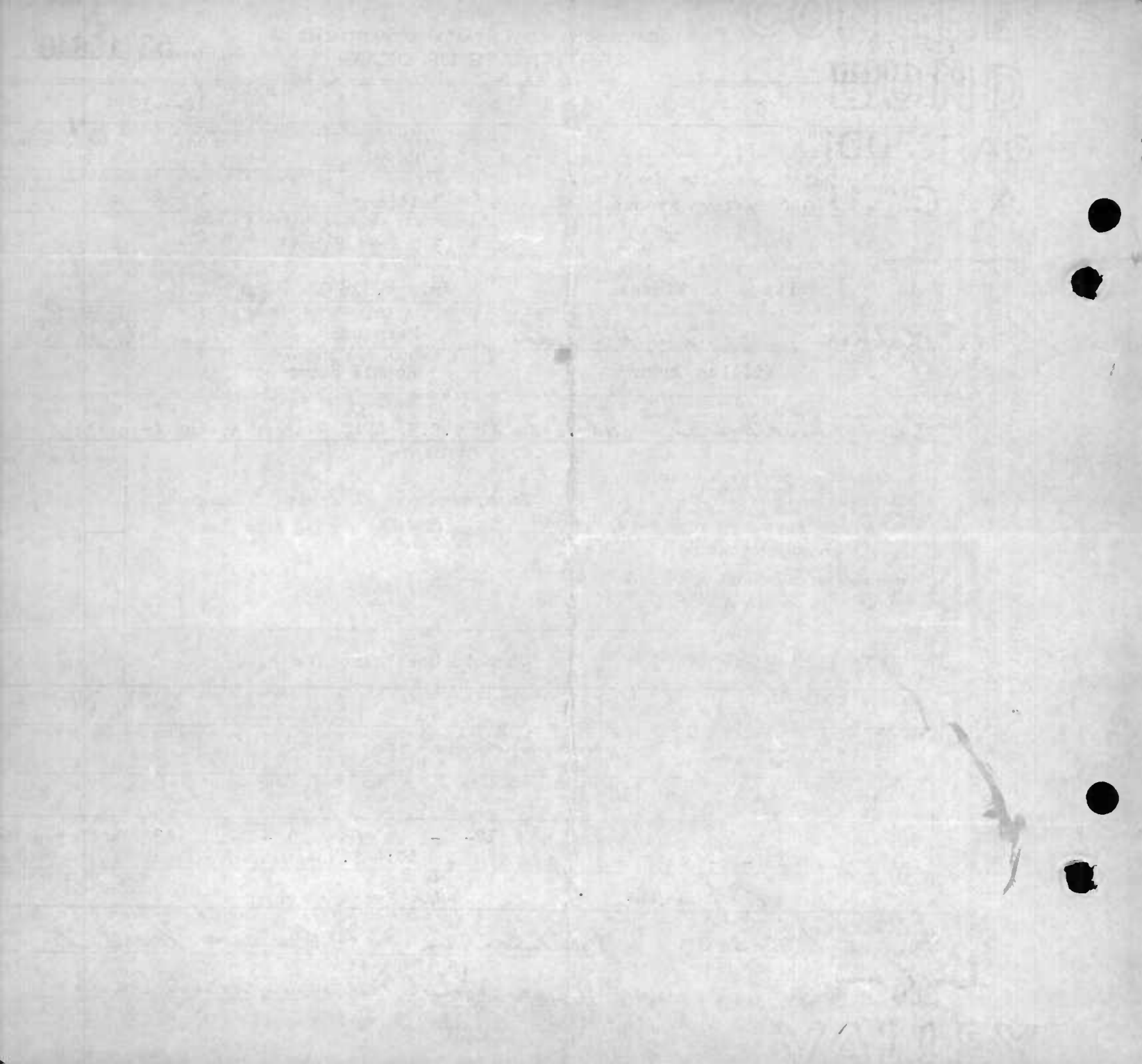
NOV 11 1903

RECEIVED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7-360 FVJ 177219 53-10640		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10840	
1. NAME OF DECEASED (Type or Print) George Tudor			2. DATE OF DEATH 12-2-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1300 Port Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4, 1893	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Hm N. Tudor	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME William Tudor			14. MOTHER'S MAIDEN NAME Sophie Bower		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 215-16-5022	17. INFORMANT ADDRESS B.C.H. 4940 Eastern Avenue (records)		
18. 527.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Emphysema and Fibrosis of Lungs DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Cor Pulmonale					
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-1-1953, to 12-2-1953, that I last saw the deceased alive on 12-2-1953, and that death occurred at 10:45 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Huntington Williams		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-2-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-5-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore - Maryland					
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS John C. Miller Inc. 2431 E. Ohio St.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-500

53 10641

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10641

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha E. Rania

2. DATE
OF
DEATH

Dec. 2-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

235 N. Milton Ave.

C. CITY OR TOWN (If outside corporate limits, give full name of town, village, or township)

Balto.

D. STREET ADDRESS (If rural, give location)

235 N. Milton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 12-1880

9. AGE (In years
last birthday)

73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Woodring

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John D. Rania 235 N. Milton Ave.

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Congestive heart failure

6 hrs.

ANTECEDENT CAUSES

(B) DUE TO

hypertensive CVD

10 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

obesity

life time

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19³⁰, to Dec 2, 1953, that I last saw the
deceased alive on Dec 1, 1953, and that death occurred at 9³⁰ p. m., from the causes and on the date stated above

23A. SIGNATURE

Benton V. Lock MD

23B. ADDRESS

2936 E. Balto St

23C. DATE SIGNED

12/3/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 5-1953

24C. NAME OF CEMETERY OR CREMATORY

London Pk. Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 3-1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John D. Miller 2334 Jefferson St.

1881 32

1881 32

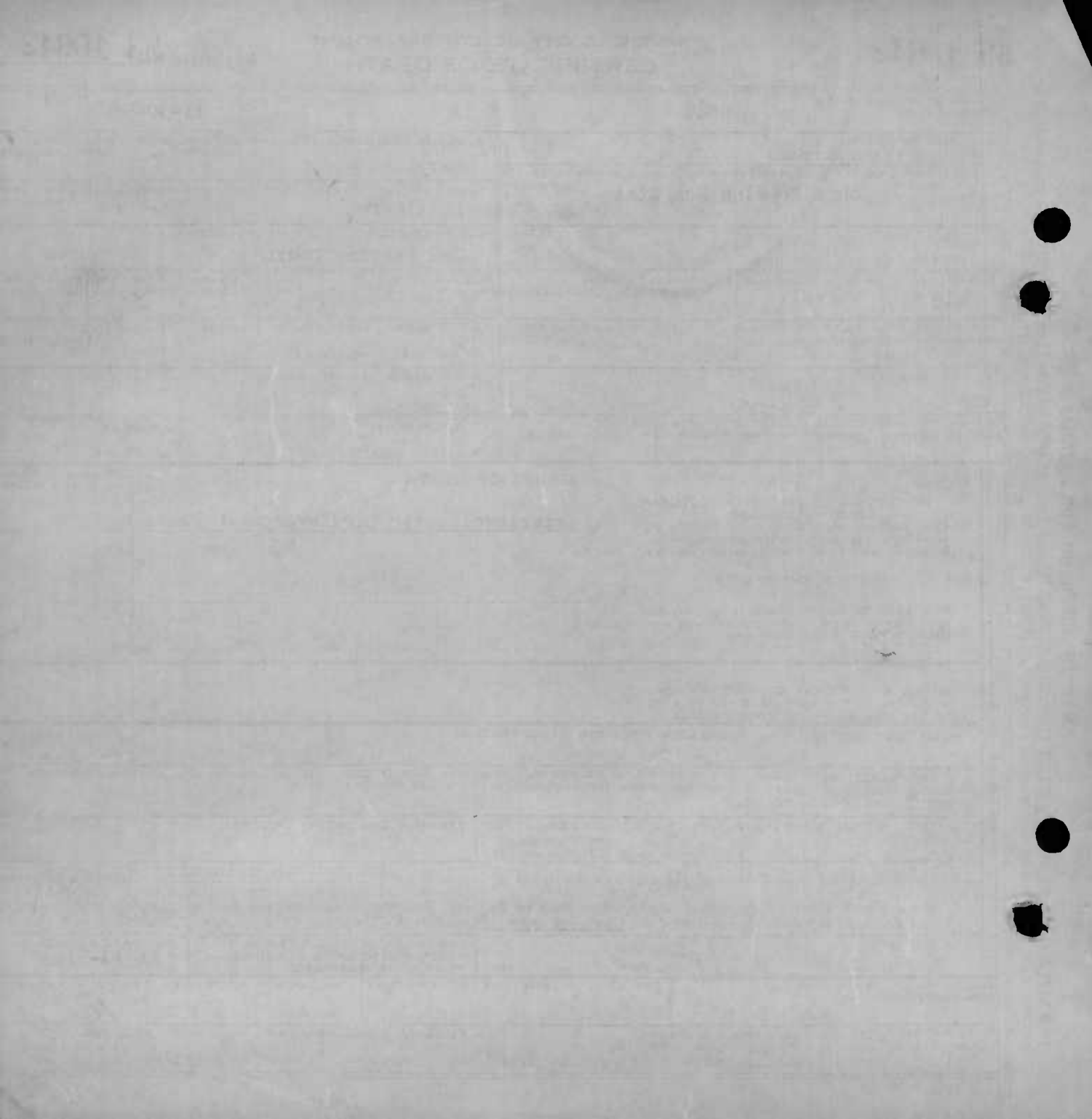
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10642

BIRTH NO.		1. NAME OF DECEASED (Type or Print) GEORGE		2. DATE OF DEATH 11-30-53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY X		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 242 Herring Court	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Dec 16 - 1877	9. AGE (In years last birthday) 77	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John J. Hesz		14. MOTHER'S MAIDEN NAME Margaret	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Caroline Matam - 2931 Mosher St	
18. 422.1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Arteriosclerotic Cardiovascular Disease			
ANTECEDENT CAUSES		(B) _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Rt Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 11-30-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Dec 4 - 1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1953		24F. REGISTRAR'S SIGNATURE William H. Cook	
24G. FUNERAL DIRECTOR William H. Cook		24H. ADDRESS 1217 St Paul St			



B-636
53 10643BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10643

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Bruder

2. DATE
OF
DEATH

12/2/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write street and give
township)

Baltimore - 23

D. STREET ADDRESS (If rural, give location)

1819 Wilkins Ave.

c. Length of stay in Baltimore

57

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan. 30, 1896

9. AGE (In years
last birthday)

57

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR
INDUSTRY

Habborough Shirts Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Bruder

14. MOTHER'S MAIDEN NAME

Matilda Tieman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-09-1102

17. INFORMANT

patient

ADDRESS

18. 172X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

14 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Adenocarcinoma of fundus

14 mos.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/13/52

19B. MAJOR FINDINGS OF OPERATION

infiltrating adenocarcinoma of fundus

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17, 1953, to Dec. 2, 1953, that I last saw the
deceased alive on Dec 2, 1953, and that death occurred at 1:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

R. Kennedy Skipton

M. D.

23B. ADDRESS

Maryland General Hosp.

23C. DATE SIGNED

12-2-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/5/53

24C. NAME OF CEMETERY OR CREMATORY

Louden Park

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 3 - 1953

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John T. Stansbury 2700 Edmondson Ave.

ADDRESS

March 2, 1944

Dear Mr. [illegible]

I have your letter of [illegible]

of [illegible]

and am sorry to hear that

you are having trouble

with your [illegible]

and hope that you will

be able to get it fixed

soon. I will be glad to

help you in any way I can.

Sincerely,

[illegible signature]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

W-426
53 10644BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10644

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY WALKER

2. DATE
OF
DEATH

Dec. 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE Maryland

B. COUNTY

before admission

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1437 PENNA. AVE.

c. Length of stay in Baltimore

32Yrs.
Mon.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)DIVORCED

8. DATE OF BIRTH

? - ? - 19019. AGE (In years
last birthday)52If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)LABORER10B. KIND OF BUSINESS OR
INDUSTRYCROW. CORN & SEAL

11. BIRTHPLACE (State or foreign country)

VA.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN WM WALKERVA.

14. MOTHER'S MAIDEN NAME

CARRIE BURRELL VA15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)?16. SOCIAL
SECURITY NO.918-079657

17. INFORMANT

WILLIE WALKER 1620 ADDRESS
PRESBURY ST.18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Fatty metamorphosis of liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph D. Jachimowicz

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Dec. 1, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)BURIAL

24B. DATE

12-5-53

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MDDATE RECEIVED BY
LOCAL REGISTRAR

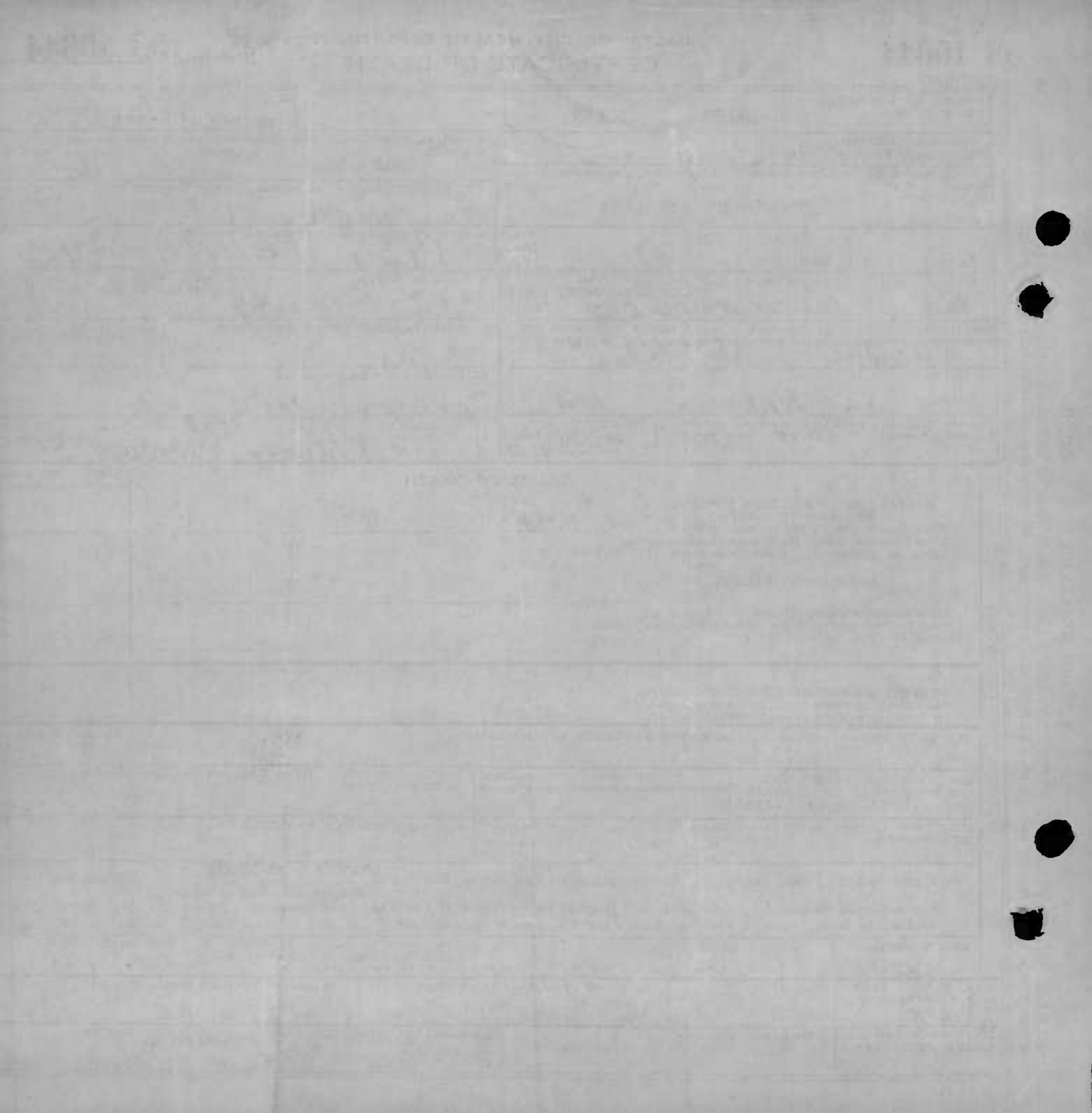
REGISTRAR'S SIGNATURE

Thompson

25. FUNERAL DIRECTOR

William J. Jackson

916 ADDRESS



5-363
53 10645BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10645
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Stewart

2. DATE
OF
DEATH

NOV 29 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Osler - 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

16 S. Spring St.

c. Length of stay in Baltimore

Five

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan-3-1901

9. AGE (In years last birthday)

52

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry B. Stewart

14. MOTHER'S MAIDEN NAME

Annie Bell

15. WAS DECEASED EVER U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL18. 230X and 170X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Subarachnoid hemorrhage

8 hr.

ANTECEDENT CAUSES

(B) Arteriosclerosis & hypertension

10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of the breast

2 yrs.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28-1953 to 11-29-1953 that I last saw the deceased alive on 11-29-1953, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John C. Hedeman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-29-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-5-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 3-1953

REGISTRAR'S SIGNATURE

Huntington Williams

FUNERAL DIRECTOR

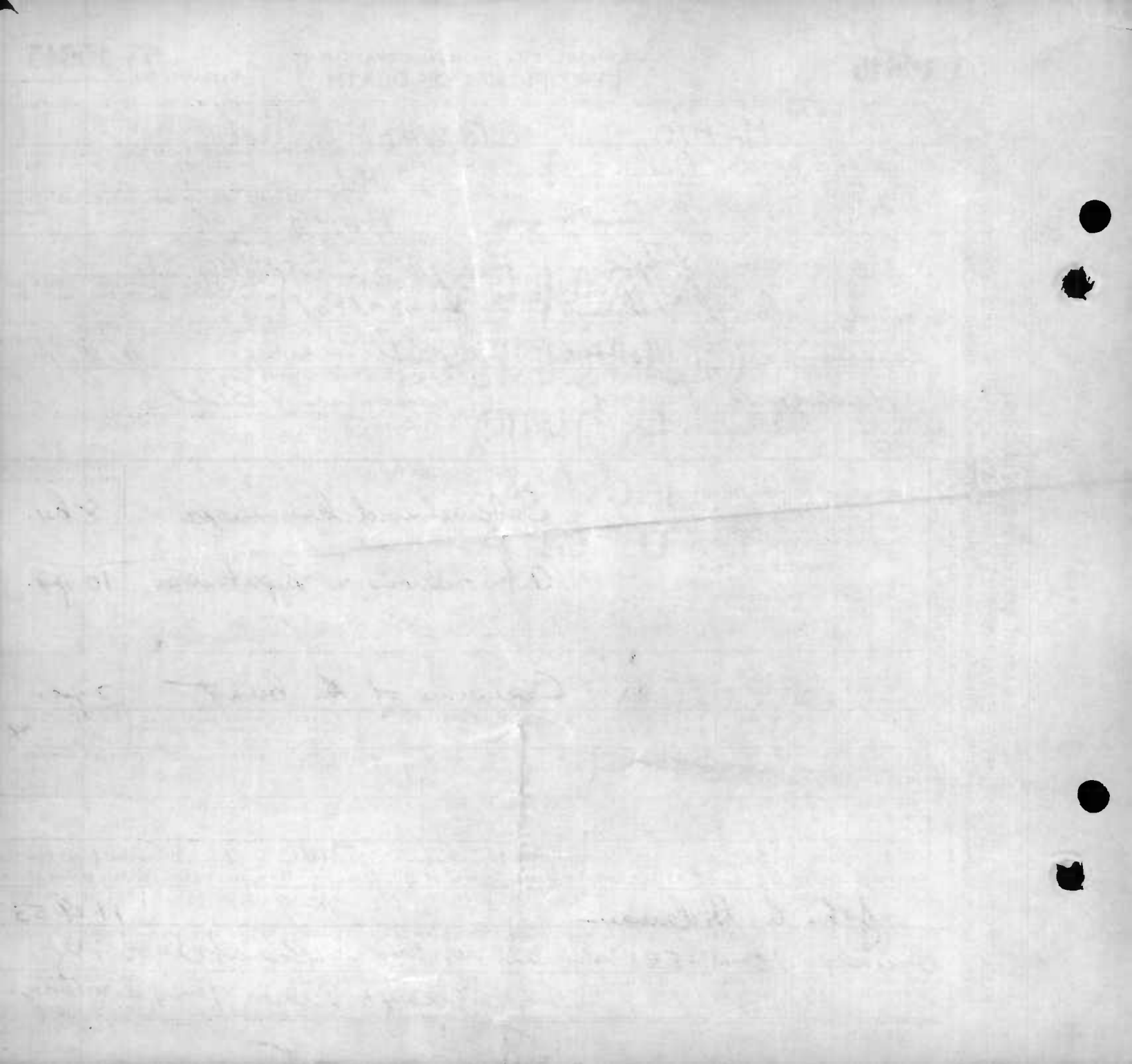
Elroy O. Wilson

ADDRESS

1000 Blounty

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LT-525

53 10846

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 10846

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Johnson

2. DATE OF DEATH
Dec-2-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

245 North Pearl Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

245 North Pearl Street

c. Length of stay in Baltimore 11 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March-21-1883

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (State or foreign country)

Edgecomb Co. N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Johnson

14. MOTHER'S MAIDEN NAME

Lucy Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Charles Johnson 1706 North Wolfe St.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Intense Heart Disease

Pulmonary Congestion

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1953 to Dec 2, 1953, that I last saw the deceased alive on Dec 2, 1953 and that death occurred at 4:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

William M. Damer M. D.

23B. ADDRESS

253 George St

23C. DATE SIGNED

12/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-4-53

24C. NAME OF CEMETERY OR CREMATORY

Shady Grove

24D. LOCATION (City, town, or county)

Gillery N.C.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 3-1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas. O. Wilson

ADDRESS

10010

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-620
53 10647BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10647

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary Harris</i>		2. DATE OF DEATH <i>Nov. 30-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Isle 4</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-07</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1825 Orleans St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>5-8-09</i>	9. AGE (In years last birthday) <i>44</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Maken N.C.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>Mary Green</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cirrhosis of Liver</i>		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>7</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>10-1</i> 19 <i>53</i> , to <i>11-30</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>11-30</i> , 19 <i>53</i> , and that death occurred at <i>8:15</i> A. M., from the causes and on the date stated above.			
23A. SIGNATURE <i>W. S. Mathison</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11-30-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-4-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Brooklyn Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>		25. FUNERAL DIRECTOR <i>Elmer O. Wilson</i>		26. ADDRESS <i>1010 Bland St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 3-1953</i>		REGISTRAR'S SIGNATURE <i>W. S. Mathison</i>		7208A	

1864

1864

24

October 24

1864

October 24

53 10648

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10648
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Wilson

2. DATE
OF
DEATH

Dec. 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR 1105 E. Fayette St location)
INSTITUTION

Fayette Convalescent Home

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1870?

9. AGE (In years
last birthday)

83?

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Kilduff

14. MOTHER'S MAIDEN NAME

Cecelia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mildred Haetler 1531 Holbrook

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Heart Disease

10 yrs +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

Indefinite

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEP 3, 1953, to 30 NOV, 1953, that I last saw the
deceased alive on 11-30, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

8491-1-1953

CERTIFICATE OF BIRTH

8491-1-1953

8491-1-1953

8491-1-1953

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M-300
53 10649BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10649
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Mr. WILLIAM S. Muth			2. DATE OF DEATH Dec. 2, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY			C. CITY OR TOWN (If outside corporate limits, give name of town, village, or township) Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 6400 Clear Spring Road			D. STREET ADDRESS (If rural, give location) 6400 Clear Spring Road			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 9, 1895		9. AGE (in years; last birthday) 58	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Peoples Elect. Supply		10B. KIND OF BUSINESS OR INDUSTRY Clerk		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Charles Muth			14. MOTHER'S MAIDEN NAME Urni Ruggles			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. 215-03-8224			17. INFORMANT Mrs. Laura V. Muth			ADDRESS 6400 Clear Spring Road			
18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Lung, left.			CAUSE OF DEATH (A) Carcinoma of Lung, left. DUE TO (B) - DUE TO (C) -			INTERVAL BETWEEN ONSET AND DEATH 4 months			
19. 163X DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) - (C) -			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? -			
22. I hereby certify that I attended the deceased from Sept 10th , 19 52 , to Dec 2nd , 19 53 , that I last saw the deceased alive on Nov 27th , 19 53 , and that death occurred at 11:50 A. m., from the causes and on the date stated above.			23. SIGNATURE A.S. Chaffee			24. ADDRESS 6210 YORK ROAD, BALTIMORE, MD.			
25. DATE Dec. 4, 1953			26. NAME OF CEMETERY OR CREMATORY Balto National Cem.			27. LOCATION (City, town, or county) (State) Baltimore, Maryland			
28. DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1953			29. REGISTRAR'S SIGNATURE Wilmington Williams, M.D.			30. FUNERAL DIRECTOR Leonard J. Ruck			
31. ADDRESS 5305 Harford Road			32. ADDRESS 5305 Harford Road			33. ADDRESS 5305 Harford Road			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Dr. Chalfont
6210 York Road

MARGIN RESERVED FOR BINDING

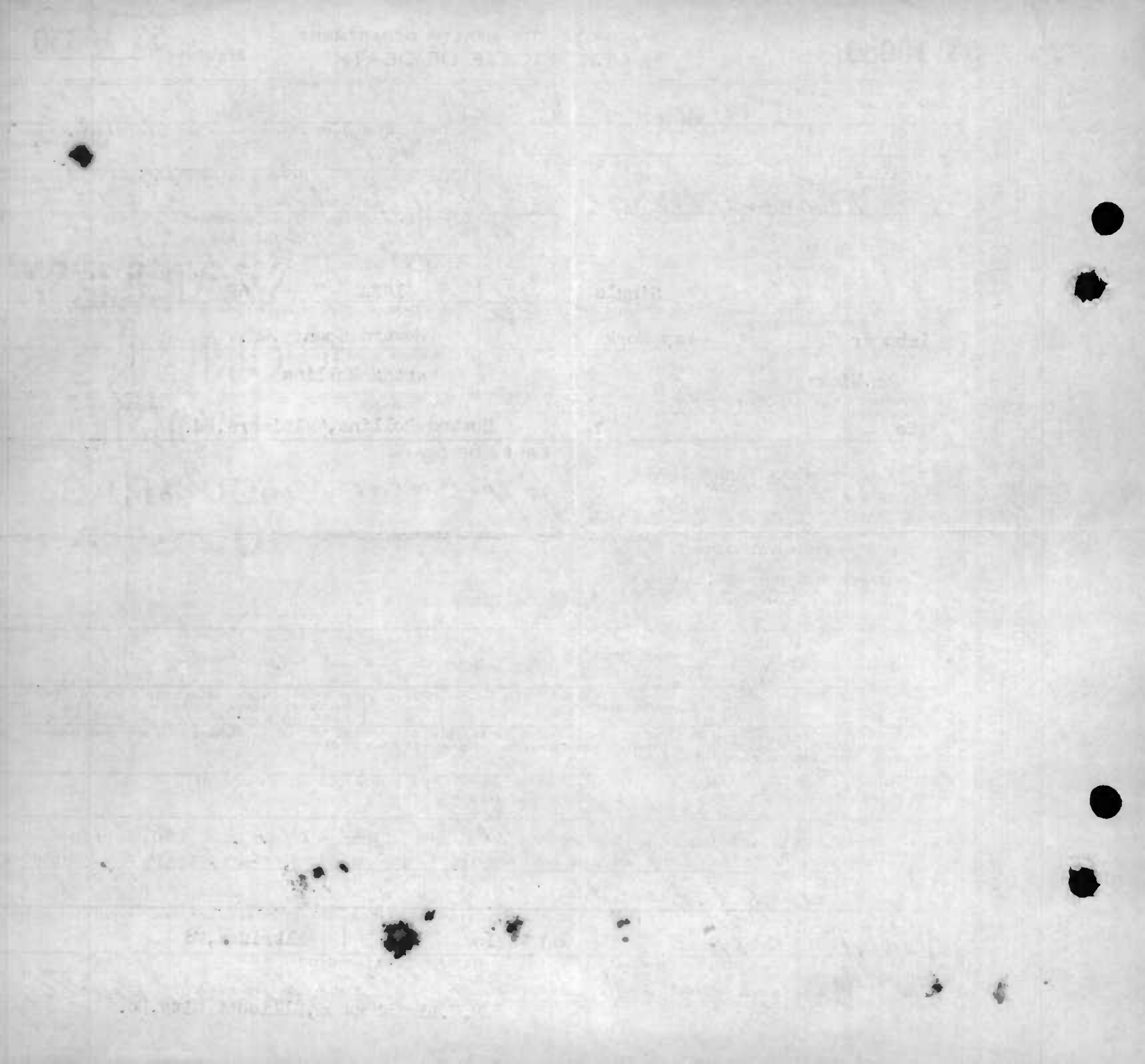
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-200
53 10650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10650

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Edward Wicks</i>		2. DATE OF DEATH <i>12/1/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Howard</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 14-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Transect Hospital</i>		D. STREET ADDRESS (If rural, give location) <i>5304 Mount St.</i>		E. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1884 ?</i>	9. AGE (In years last birthday) <i>69</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Day Work</i>		11. BIRTHPLACE (State or foreign country) <i>Howard County, Md.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Wm. Wicks</i>		14. MOTHER'S MAIDEN NAME <i>Martha Rollins</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>?</i>		17. INFORMANT ADDRESS <i>Howard Rollins, Baltimore, Md.</i>	
18. <i>443X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive Heart Disease</i>		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) <i>Congestive Heart Failure</i>		II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>10/16</i> , 19 <i>53</i> , to <i>Dec 1</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Dec 1</i> , 19 <i>53</i> , and that death occurred at <i>2</i> m. from the causes and on the date stated above.			
23A. SIGNATURE <i>Silbert L. Banfield</i>		23B. ADDRESS <i>722 W. Fulton Ave</i>		23C. DATE SIGNED <i>12/1/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12/6/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Odd Fellows</i>	
24D. LOCATION (City, town, or county) (State) <i>Elkridge, Md</i>		25. FUNERAL DIRECTOR <i>F.C. Higginbotham</i>		ADDRESS <i>Elliot City, Md.</i>	



53 10651

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10651

Registered No.

BIRTH NO. *W-412*1. NAME OF DECEASED
(Type or Print)*Beatrice Wolfsohn*2. DATE
OF
DEATH*Dec. 3, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-06

D. STREET ADDRESS (If rural, give location)

1543 Poplar Grove St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE (MARRIED, WIDOWED, DIVORCED) (Specify)

MARRIED

8. DATE OF BIRTH

June 11, 1878

9. AGE (in years last birthday)

75

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Retired Mrs.

10B. KIND OF BUSINESS OR INDUSTRY

Metropolitan Ins. Co.

11. BIRTHPLACE (State or foreign country)

California

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Otto Wolfsohn

14. MOTHER'S MAIDEN NAME

Annie Le Van

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*Yes**SPAN-American*

16. SOCIAL SECURITY NO.

212-09-4396

17. INFORMANT

Mrs. Mary W. Wolfsohn

ADDRESS

1543 Poplar Grove St.

18.

154X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*metastases to liver
cancer of rectum**4 years*

ANTECEDENT CAUSES

(B)

DUE TO

Coronary insufficiency

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct. 30, 1953* to *Dec. 3, 1953*, that I last saw the deceased alive on *Dec. 3, 1953* and that death occurred at *2:30 PM* from the cause and on the date stated above.

23A. SIGNATURE

Ramuel D. J. J.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

12/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-7-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

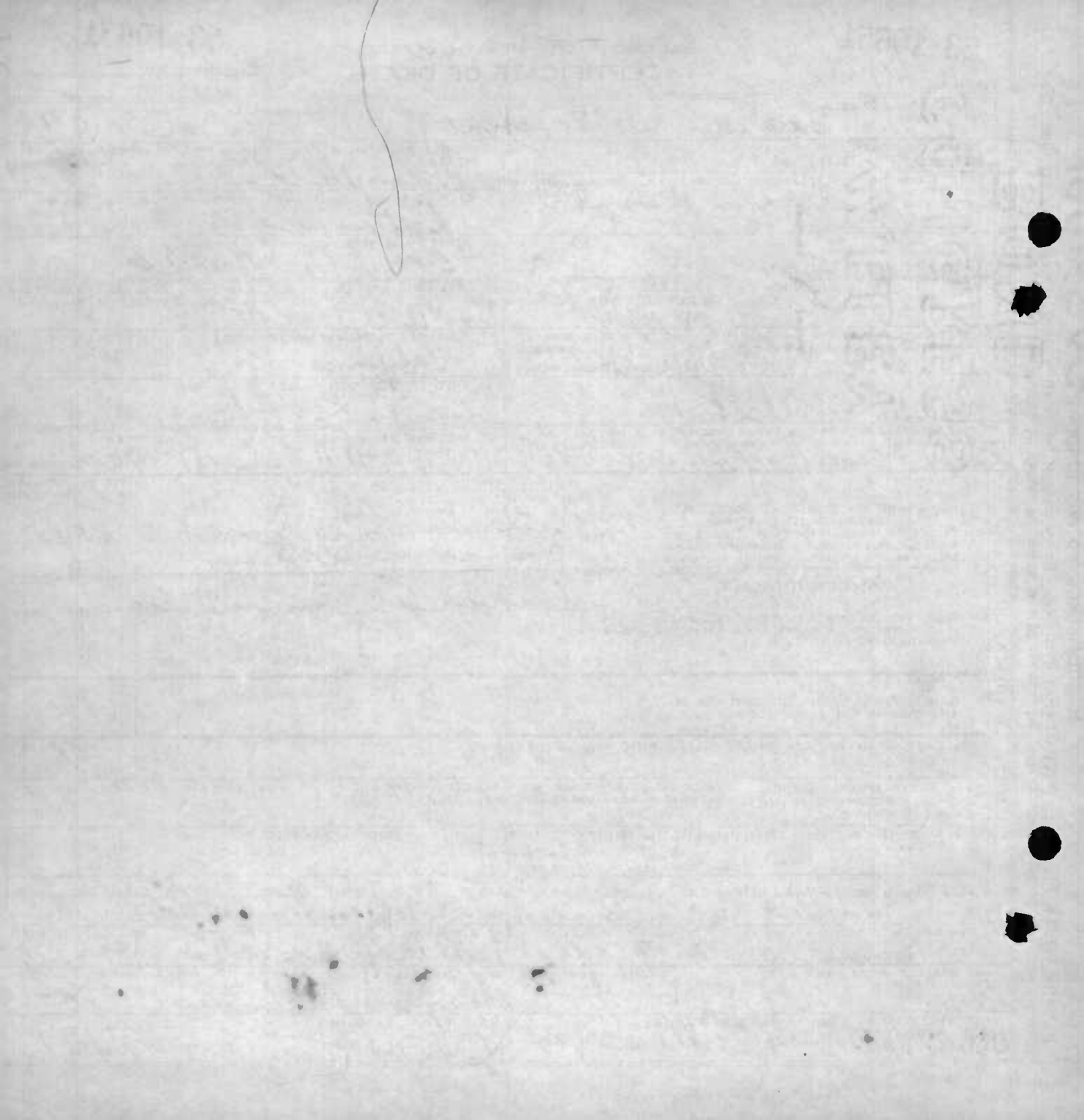
William H. Williams, M.D.

25. FUNERAL DIRECTOR

J. Howard Strong

ADDRESS

307 W. North Ave



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department CERTIFICATE OF DEATH				53 10652 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Baley Boy Donnell</i>				2. DATE OF DEATH <i>Nov. 24, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Pratt</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Annapolis 5200</i>	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <i>Rt 4 Box 1091 Forest Dr.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Nov. 23, 1953</i>	9. AGE (In years last birthday) <i>8</i> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ind.</i>	
13. FATHER'S NAME <i>James H. Donnell</i>				14. MOTHER'S MAIDEN NAME <i>Ruelle</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>762.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity & Atelectasis</i>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>7</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/23</i> , 19 <i>53</i> , to <i>11/24</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>11/24</i> , 19 <i>53</i> and that death occurred at <i>2:10 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>An. Morgan</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>Hoop Defunct</i>	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR <i>Huntington Williams, Md.</i>		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 4 - 1953</i>		VS 150			

UNITED STATES OF AMERICA

UNITED STATES

UNITED STATES

UNITED STATES

UNITED STATES

UNITED STATES

UNITED STATES

UNITED STATES

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UNITED STATES

UNITED STATES

UNITED STATES

UNITED STATES

UNITED STATES

UNITED STATES

UNITED STATES

UNITED STATES

UNITED STATES

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 10653	
CERTIFICATE OF DEATH				Registered No.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Baby Girl Donnell			Nov. 24, 1953		
3. PLACE OF DEATH:			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
A. Baltimore City, Maryland			A. STATE B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
JOHNS HOPKINS HOSPITAL			Annapolis		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
5. SEX			8. DATE OF BIRTH		
Female			Nov. 23, 1953		
6. COLOR OR RACE			9. AGE (In years last birthday)		
Colored			8		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			11. BIRTHPLACE (State or foreign country)		
			Md		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
James H. Donnell			Lucille		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		
JOHNS HOPKINS HOSPITAL					
18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			Prematurity - Atelectasis		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from 11/23, 1953 to 11/24, 1953, that I last saw the deceased alive on 11/24, 1953, and that death occurred at 2:15 p. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Am Morgan		JOHNS HOPKINS HOSPITAL			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				Hopk Desford	
24D. LOCATION (City, town, or county)		25. FUNERAL DIRECTOR		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			
DEC 4 - 1953		Huntington Williams			
VS 150					

UNITED STATES

DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

February 1, 1907

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Your obedient servant,

W. A. VAILEY

Secretary

U. S. Department of Agriculture

Washington, D. C.

Very truly yours,

W. A. VAILEY

Secretary

U. S. Department of Agriculture

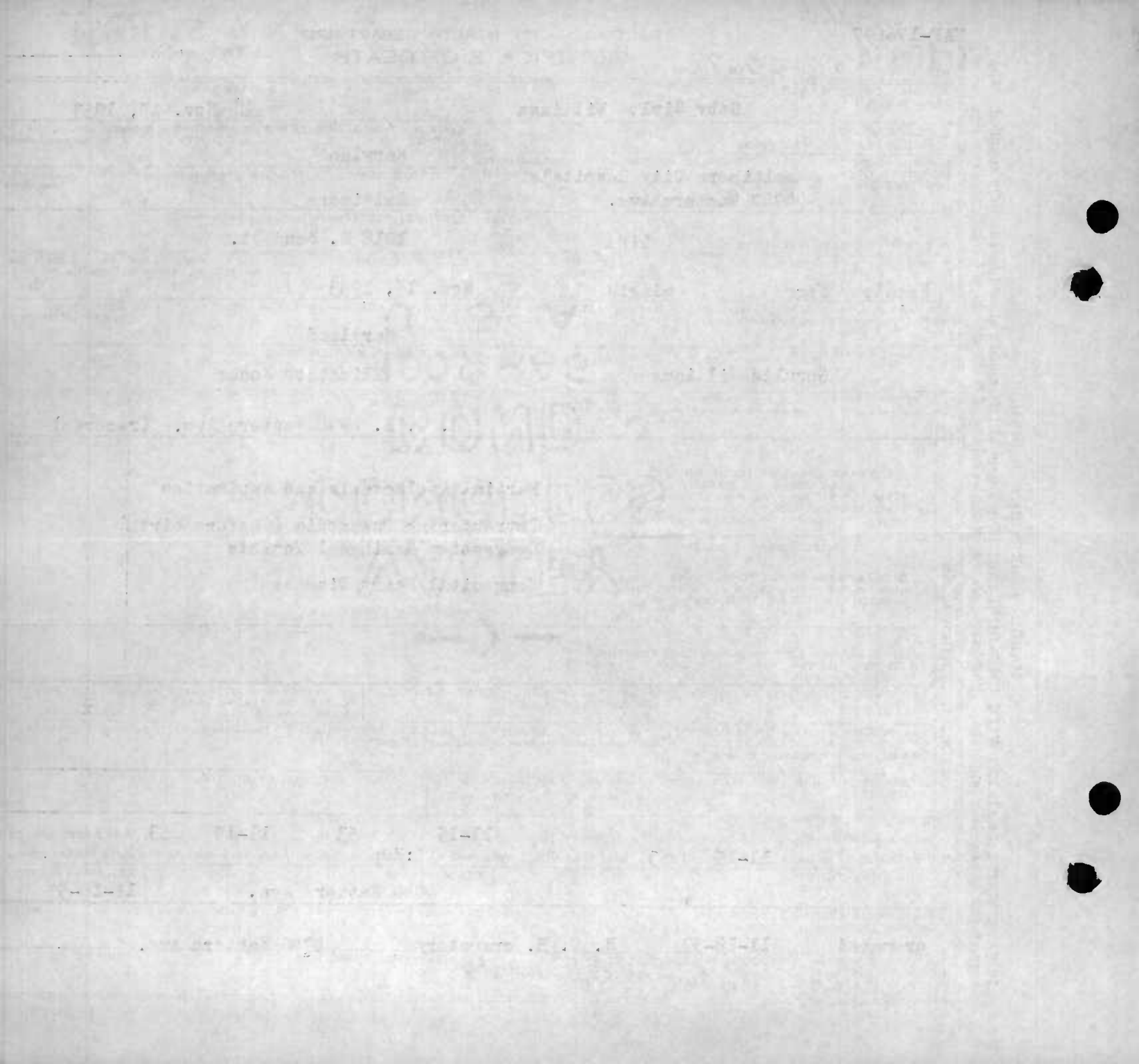
Washington, D. C.

Very truly yours,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

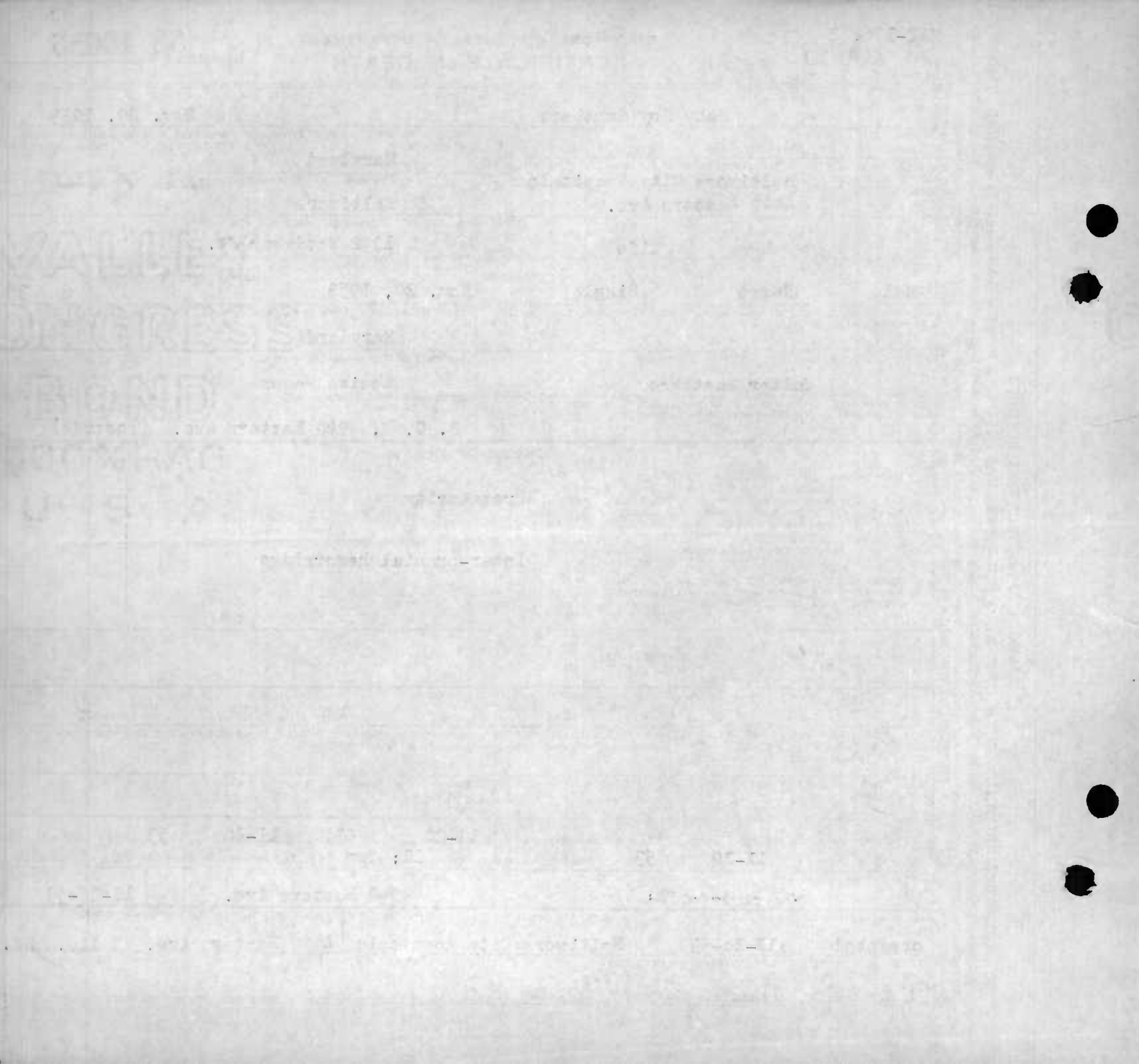
W-452 MAF-176697 53-27681		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10654 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Baby Girl, Williams		Nov. 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1018 N. Bond St.			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 15, 1953	9. AGE (In years last birthday)	10. Under 1 Year Months Days 10. Under 24 Hours Hours Min. 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Sprulle Williams		14. MOTHER'S MAIDEN NAME Elizabeth Jones		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)	
18. 754.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Partial Atelectasis and Aspiration DUE TO Intrauterine Pneumonia (before birth) Congestion Meningeal Vessels (B) Congenital Heart Disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-15, 1953 to 11-15, 1953, that I last saw the deceased alive on 11-15, 1953, and that death occurred at 4:20p m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams, M.D.		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 11-16-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremated		24B. DATE 11-18-53		24C. NAME OF CEMETERY OR CREMATORY B. C. H. crematory	
24D. LOCATION (City, town, or county) 4940 Eastern Ave.		24E. FUNERAL DIRECTOR Huntington Williams, Jr.		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1953		VS 150			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53-10655		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53-10655	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Baby Boy Smothers			Nov. 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			A. STATE Maryland		
C. LENGTH OF STAY IN BALTIMORE life			C. CITY OR TOWN (If outside corporate limits, write B.U.R. and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1142 Woodyear St.			D. STREET ADDRESS (If rural, give location)		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 20, 1953	9. AGE (In years, last birthday)	10. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Walter Smothers			14. MOTHER'S MAIDEN NAME Louise Mason		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT B. C. H. 4940 Eastern Ave. (records)			ADDRESS		
18. 760.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Prematurity DUE TO (B) Inter-cranial hemorrhage DUE TO (C)		
19A. DATE OF OPERATION 2			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-20, 1953 to 11-20, 1953, that I last saw the deceased alive on 11-20, 1953, and that death occurred at 11:48pm, from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams, M.D.			23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 11-20-53
24A. BURIAL, CREMATION, REMOVAL (Specify) cremated		24B. DATE 11-26-53	24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals		24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave. Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	



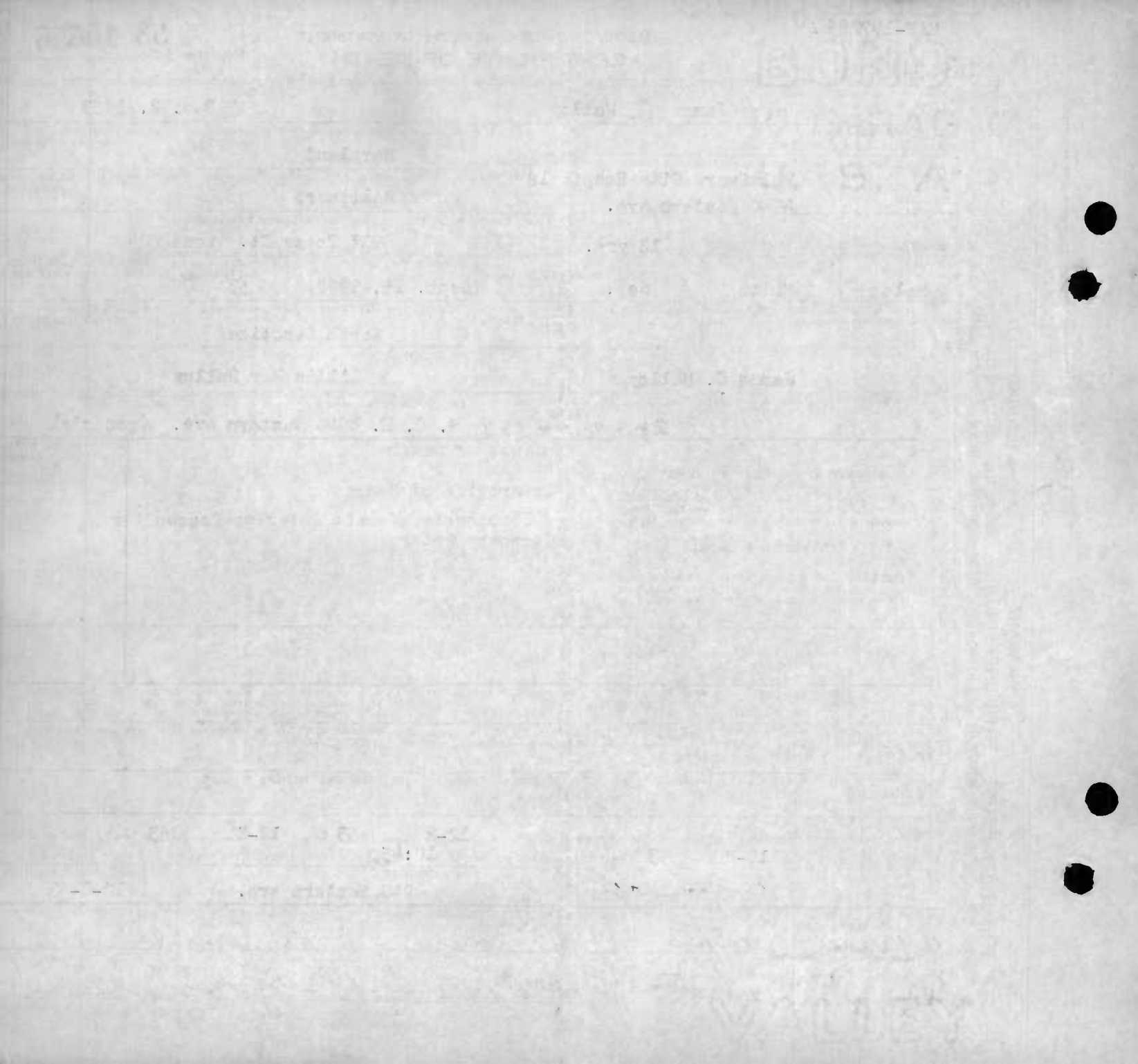
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DATA 77285 400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10656
Registered No.

1. NAME OF DECEASED (Type or Print)		James C. Malloy		2. DATE OF DEATH Dec. 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 4911 Toone St. zone #24	
c. Length of stay in Baltimore 12 yrs.		5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sep.		8. DATE OF BIRTH Sept. 15, 1900		9. AGE (In years last birthday) 53	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina	
13. FATHER'S NAME James C. Malloy		14. MOTHER'S MAIDEN NAME Lillie May Malloy		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 243-01-4538		17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)	
18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) INFARCTION OF HEART DUE TO THROMBOSIS OF LEFT ANTERIOR DESCENDING CORONARY ARTERY ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Infarction of Heart (B) DUE TO Thrombosis of Left Anterior Descending Coronary Artery (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-2, 1953, to 12-2, 1953, that I last saw the deceased alive on 12-2, 1953, and that death occurred at 10:45p m., from the causes and on the date stated above.					
23A. SIGNATURE Joseph V. ...		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 12-2-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 5/53		24C. NAME OF CEMETERY OR CREMATORY Bachman's	
24D. LOCATION (City, town, or county) Baltimore		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Philip Herwig Sons		24H. ADDRESS 2024 Orleans St		VS 150	



MARGIN RESERVED FOR BINDING

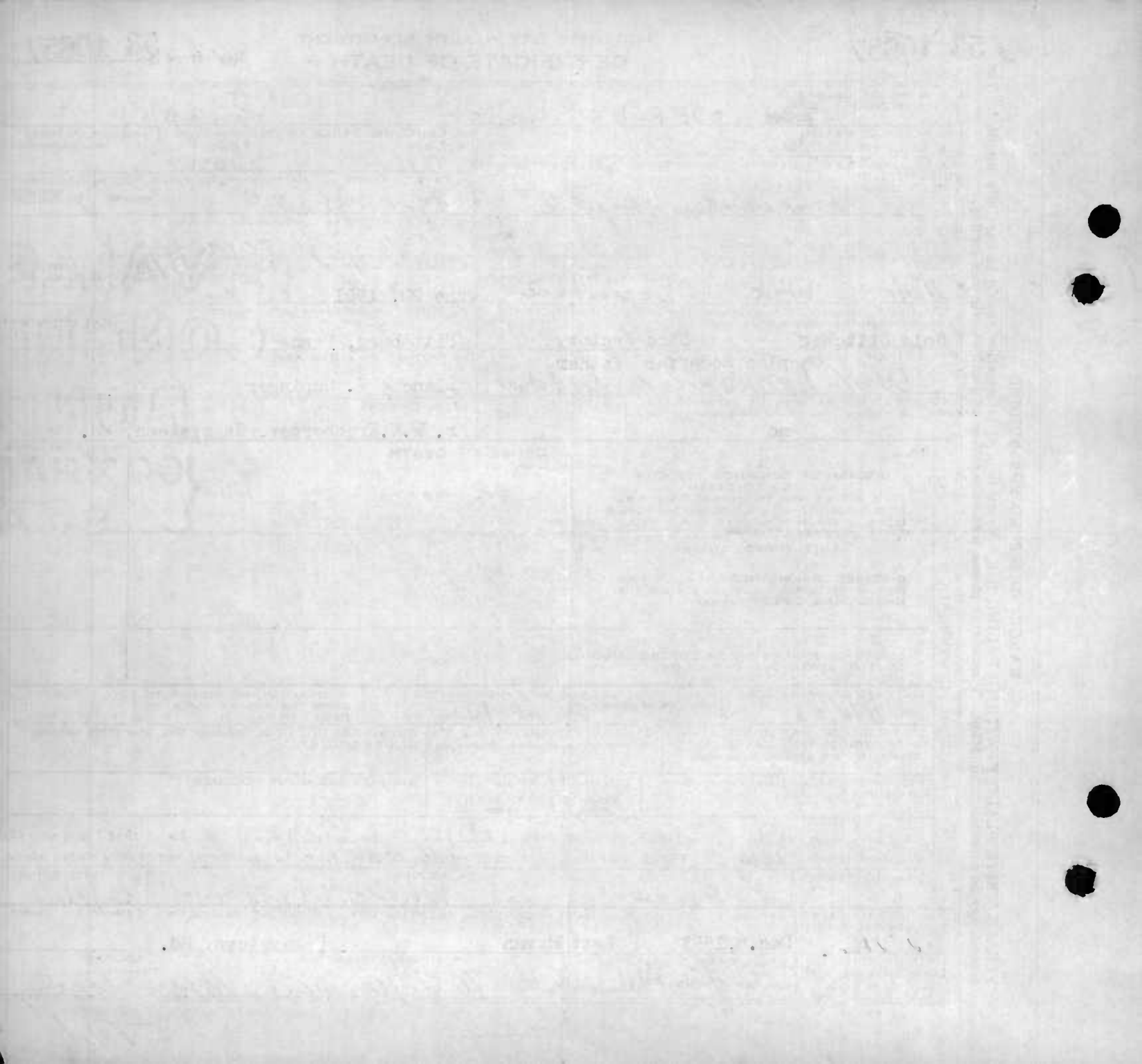
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-316
53 10657

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10657

BIRTH NO.		1. NAME OF DECEASED (Type or Print) RODEFFER, Charles F		2. DATE OF DEATH 12/3/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Wash			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HAGERSTOWN			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 232 S. Potomac		9103	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH June 20, 1901	9. AGE (In years last birthday) 52	10. Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sole Stitcher		10B. KIND OF BUSINESS OR INDUSTRY Shoe Factory		11. BIRTHPLACE (State or foreign country) Pittsburg, Penna	
13. FATHER'S NAME Charles Rodeffer father		14. MOTHER'S MAIDEN NAME Blanche V. Supinger		12. CITIZEN OF WHAT COUNTRY? ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. W.N. Krohberger, Hagerstown, Md.	
18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Lung		CAUSE OF DEATH (A) Carcinoma of Lung DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH ?			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11/4/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED C. of lung		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 12/1/53 , 19__, to 12/3/53 , 19__, that I last saw the deceased alive on 12/3 , 19 53 , and that death occurred at 6:20 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE C. K. Pearson		23B. ADDRESS University Hospital		23C. DATE SIGNED 12/3/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Dec. 6, 1953		24C. NAME OF CEMETERY OR CREMATORY Rest Haven	
24D. LOCATION (City, town, or county) (State) Hagerstown, Md.		25. FUNERAL DIRECTOR W. J. Herment		ADDRESS Hagerstown, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR W. J. Herment	
VS 150		690 4W		Md.	



MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

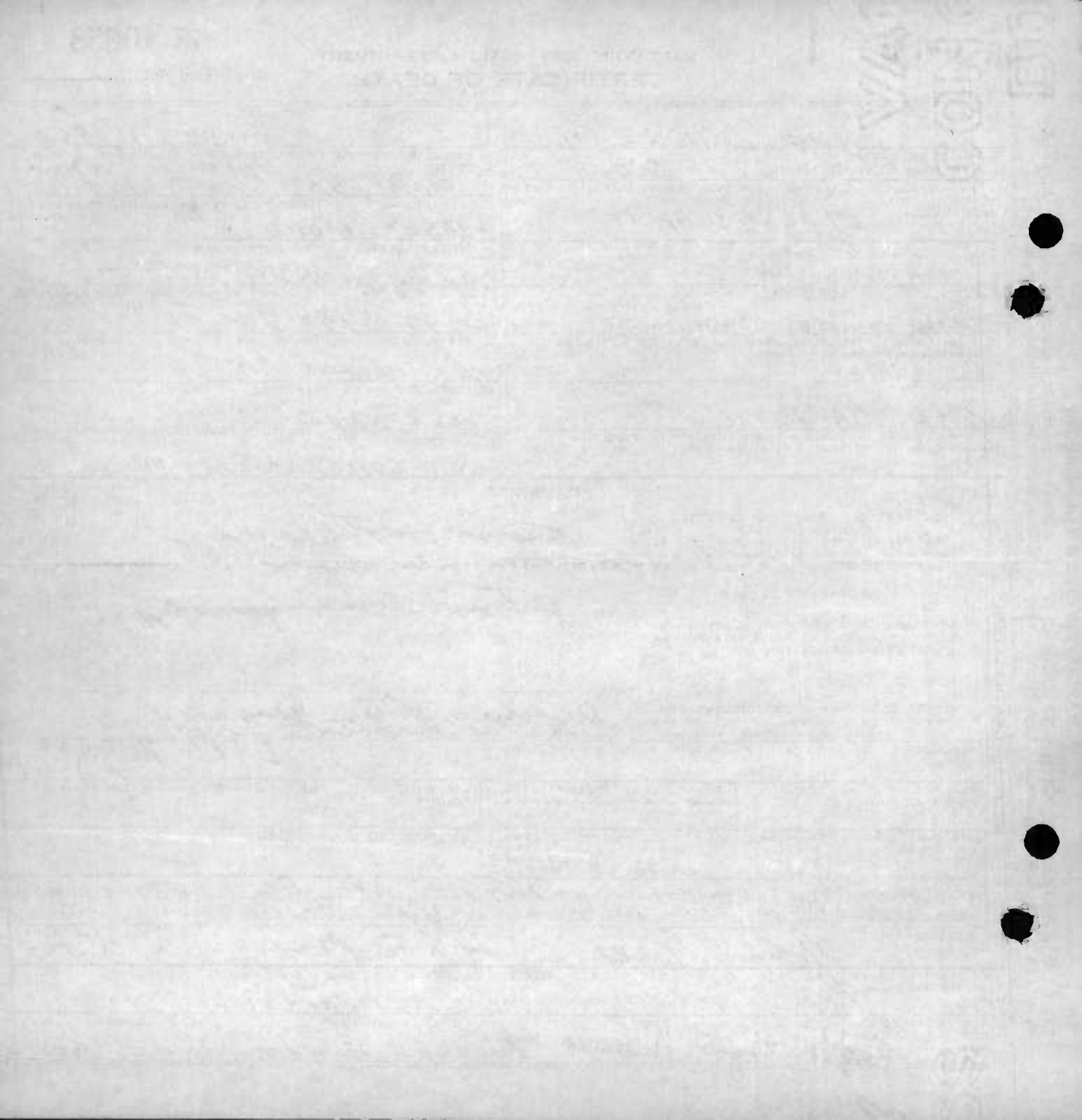
C-626
53 10658

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10658

Registered No. _____

BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) ANNE GORKRAN			2. DATE OF DEATH DEC 1 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3726 GOUGH ST			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3726 GOUGH ST			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3726 GOUGH ST		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN 17, 1877	9. AGE (In years last birthday) 76	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			11. BIRTHPLACE (State or foreign country) WEST POINT VA.		
13. FATHER'S NAME JOHN OGDEN			14. MOTHER'S MAIDEN NAME DO NOT KNOW		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. _____		
17. INFORMANT GUY T. GORKRAN - OLD PHILA RD			ADDRESS _____		
18. 422.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) arteriosclerotic cardiac - vascular disease DUE TO _____ (B) arteriosclerosis, generalized DUE TO _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH _____					
19. II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus, long term, left leg amputated at left hip					
19A. DATE OF OPERATION _____			19B. MAJOR FINDINGS OF OPERATION _____		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from Nov 1, 1948 , to Dec 1, 1953 , that I last saw the deceased alive on Dec 1, 1953 , and that death occurred at 6 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE John J. Gault M. D.			23B. ADDRESS 14 N East Ave		
23C. DATE SIGNED 12-1-53					
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			24B. DATE DEC 4, 1953		
24C. NAME OF CEMETERY OR CREMATORY PARK WOOD			24D. LOCATION (City, town, or county) (State) PARKVILLE MD		
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
25. FUNERAL DIRECTOR ULURICH FUNERAL HOME			ADDRESS BEHAR		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6 H-420		BALTIMORE CITY HEALTH DEPARTMENT		53 10659	
53 10659		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Victor Paul Hallwig</i>			2. DATE OF DEATH <i>Dec. 1/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>721 Lynnhurst St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-08</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>721 Lynnhurst St</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5/5/1895</i>	9. AGE (In years last birthday) <i>58</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Hanwells Bakery</i>		
13. FATHER'S NAME <i>Paul Hallwig</i>			14. MOTHER'S MAIDEN NAME <i>Mary Hellmeyer</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Maryd. Hallwig</i>			ADDRESS <i>wife 721 Lynnhurst St.</i>		
18. I <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Carcinoma of Stomach</i> DUE TO (B) <i>with liver metastasis</i> DUE TO (C)		
19A. DATE OF OPERATION <i>8/25/53</i>			19B. MAJOR FINDINGS OF OPERATION <i>Cancer of Stomach</i>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1948</i> , 19__, to <i>12-1</i> , 19 <i>53</i> that I last saw the deceased alive on <i>12-1</i> , 19 <i>53</i> , and that death occurred at <i>5 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. H. H. H.</i>		23B. ADDRESS <i>3921 Edmondson</i>		23C. DATE SIGNED <i>12/2/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 4/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Randon Pl.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 4 - 1953</i>		REGISTRAR'S SIGNATURE <i>Harry H. Williams</i>		25. FUNERAL DIRECTOR <i>Harry H. Williams</i> ADDRESS <i>4101 Edmondson Ave.</i>	
VS 150					

51544

BIRTH NO. 53 10660		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10660	
1. NAME OF DECEASED (Type or Print) <i>Caroline Marie Romoser</i>			2. DATE OF DEATH <i>Dec. 2/53.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address of hospital or institution) <i>Carl German Aged 64</i> <i>Home - 22 S. Ackel Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write TOWNSHIP and give township) <i>Balts.</i>		
c. Length of stay in Baltimore <i>4 1/2</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>22 S. Ackel Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>July 20, 1888</i>	9. AGE (In years last birthday) <i>65</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. Clerk</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Schmidt's Bakery</i>		
11. BIRTHPLACE (State or foreign country) <i>Balts. Ind.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Ges. Frederick Romoser</i>			14. MOTHER'S MAIDEN NAME <i>Margaret</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Sr. Fredericka, r r S. Ackel Ave.</i>			ADDRESS		
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Cerebral Vascular Accident</i> DUE TO (A) <i>Cerebral Vascular Accident</i> (B) <i>Arteriosclerosis C. V. D.</i> (C) <i>Semility</i> INTERVAL BETWEEN ONSET AND DEATH					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Accident Probably Thrombotic</i>					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June</i> , 19 <i>53</i> , to <i>2 Dec</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2 Dec</i> , 19 <i>53</i> , and that death occurred at <i>4:20 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William J. Byron</i>		23B. ADDRESS <i>465 Edmondson Ave</i>		23C. DATE SIGNED <i>3 Dec 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>12/5/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western</i>	
24D. LOCATION (City, town, or county) (State) <i>Balts. Ind.</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 4 - 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Harry H. Kutzke</i>	
				ADDRESS <i>4101 Edmondson Ave.</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-620
53 10661
53-29827

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 10661**

1. NAME OF DECEASED (Type or Print) Baby Girl BRUSH		2. DATE OF DEATH 12-3-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND GENERAL Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) FRATLEY 1223 Fratley Way #5	
5. SEX Female WHITE	6. COLOR OR RACE Single	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-3-53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 34 If Under 1 Year: Months: Days: Hours: Min. 30
13. FATHER'S NAME MILTON FRANK BRUSH		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME LORRAINE RUTH BAKER	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Hospital records	
18. 751X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple malformations (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hydrocephalus (B) DUE TO Spina bifida (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 3 Dec , 19 53 , to 3 Dec , 19 53 , that I last saw the deceased alive on 3 Dec , 19 53 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Edward G. Sawada M.D.		23B. ADDRESS Maryland Gen. Hospital 1223 Fratley Way, #5	
23C. DATE SIGNED 12/3/53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Dec 3/53		24C. NAME OF CEMETERY OR CREMATORY Laurel Hill of Mary Baltimore	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. FUNERAL DIRECTOR Frederick W. Ozaszewski	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR'S ADDRESS 1930 Eastern Ave			

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CONFIDENTIAL

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CONFIDENTIAL

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CONFIDENTIAL

SECRET

CONFIDENTIAL

VALLEY

CONFIDENTIAL

ROAD

CONFIDENTIAL

U.S.A.

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

53

10662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10662

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMILIO

TREVISONNO

2. DATE
OF
DEATH Dec. 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1618 Gay St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 28 1897

9. AGE (In years last birthday)

56

If Under 1 Year

Months: Days

6

3

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoemaker

10B. KIND OF BUSINESS OR INDUSTRY

Shoemaker Shop

11. BIRTHPLACE (State or foreign country)

Larino-Campobasso-Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Donato Trevisonno

14. MOTHER'S MAIDEN NAME

Teresa Miozzi

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rosa Trevisonno 230 S. Exeter St.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Dec. 2, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

December 5/53 Holy Redeemer Ceme.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

4430 Belair Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

VS 151

15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



53 10663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10663

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert Hebb

2. DATE OF DEATH
Dec. 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

564 Baker St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.D. STREET ADDRESS (If rural, give location)
564 Baker St.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days5. SEX
M6. COLOR OR RACE
C7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
W8. DATE OF BIRTH
18269. AGE (In years last birthday)
57If Under 1 Year Months Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Md.12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

John Hebb

14. MOTHER'S MAIDEN NAME
?15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

219-01-9807

16. SOCIAL SECURITY NO.
XXXX17. INFORMANT ADDRESS
Mary E. Thomas 588 Baker St.

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1953, to Dec 2, 1953, that I last saw the deceased alive on Dec 2, 1953, and that death occurred at 11 P. M., from the causes and on the date stated above

23A. SIGNATURE

John J. Johnson

M. O.

23B. ADDRESS

403 Med arts Bldg

23C. DATE SIGNED

12-3-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

St Peters

24D. LOCATION (City, town, or county) (State)
Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 - 1953

Huntington Williams, M.D.

Geo. G. Kelson 1303 Presstman St.

Geo. G. Kelson

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10664

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clara Butler

2. DATE
OF
DEATH

Dec. 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1407 N. CARIO ST.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1407 N. CARIO ST.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/7/1901

9. AGE (In years
last birthday)

52

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Sheppards Town W.Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

M^r Cain

14. MOTHER'S MAIDEN NAME

Marion ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

William Butler

ADDRESS

1407 N. CARIO ST.

18.

442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive C-V Renal Dis. 5 yrs.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

6 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/7, 1948 to 12/1, 1953, that I last saw the
deceased alive on 12/1, 1953, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Preston Grant

M. D.

23B. ADDRESS

601 N. CARROLLTON

23C. DATE SIGNED

12/3/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/4/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion Cem.

24D. LOCATION (City, town, or county)

Lonsdale Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 4 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs Kate R. Williams

ADDRESS

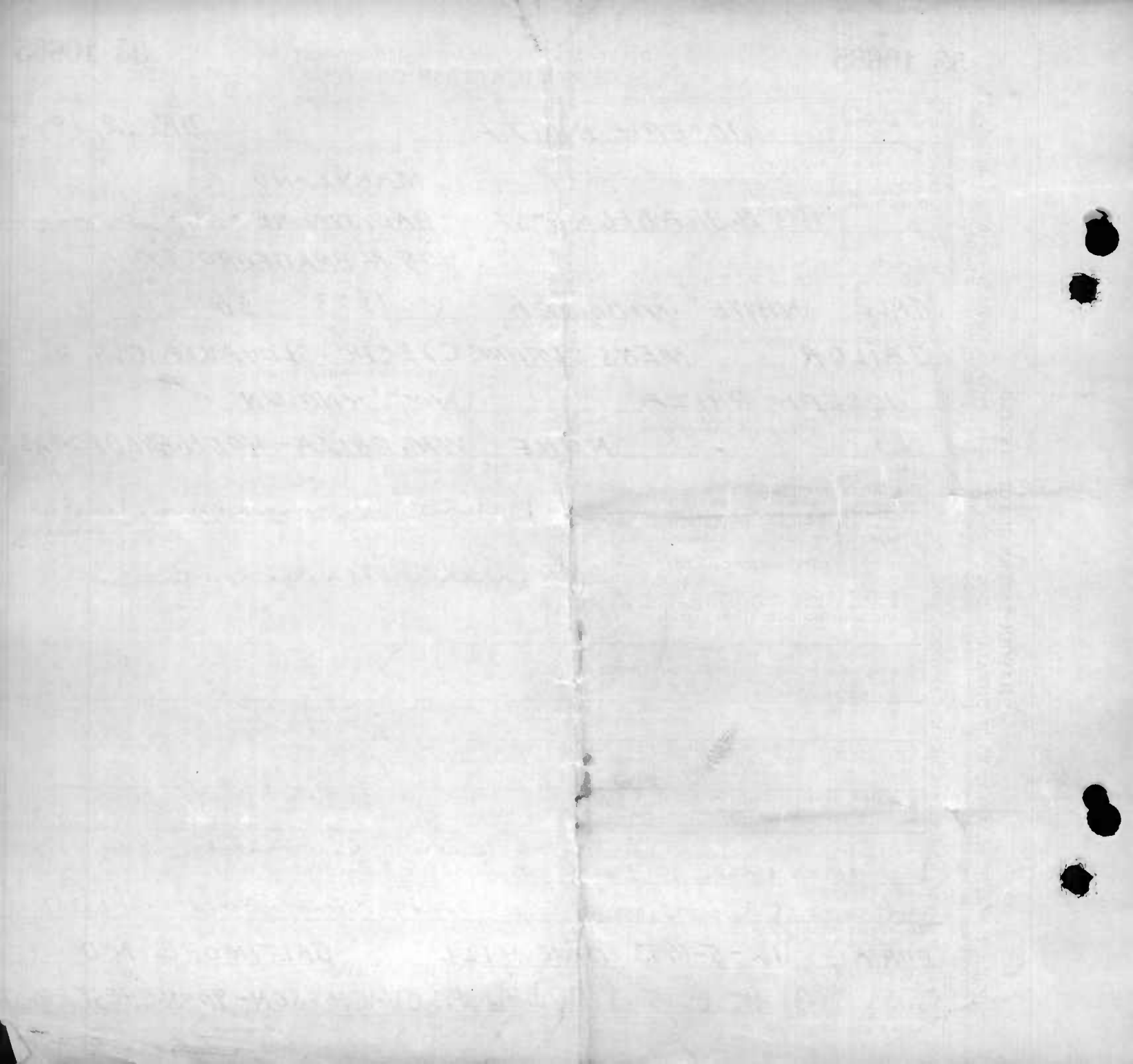
322 N. Scherdel St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-620
53 10665BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10665
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JOSEPH BRIZA		DEC. 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY			
		MARYLAND			
B. FULL NAME OF HOSPITAL OR INSTITUTION 405 N. BRADFORD ST		C. CITY OR TOWN BALTIMORE			
		D. STREET ADDRESS (If rural, give location) 405 N. BRADFORD ST.			
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 1893	9. AGE (In years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		10B. KIND OF BUSINESS OR INDUSTRY MENS-CLOTHING		11. BIRTHPLACE (State or foreign country) CZECHO-SLOVAKIA	
13. FATHER'S NAME JOSEPH BRIZA		16. SOCIAL SECURITY NO. NONE		12. CITIZEN OF WHAT COUNTRY? C.S.R.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT WM. BRIZA-405 N. BRADFORD ST	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE PULMONARY EDEMA instantaneous		CAUSE OF DEATH (A) DUE TO ACUTE PULMONARY EDEMA (B) DUE TO ARTERIO-SCLEROTIC C.V. DISEASE (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec-2, 1953, to same date, 1953, that I last saw the deceased alive on 1-2, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above					
23A. SIGNATURE Paul E. Carlines		23B. ADDRESS 2247 Southern Road		23C. DATE SIGNED 12/3/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-5-1953		24C. NAME OF CEMETERY OR CREMATORY OAK HILL	
24D. LOCATION (City, town, or county) BALTIMORE MD		24E. NAME OF CEMETERY OR CREMATORY OAK HILL		24F. LOCATION (City, town, or county) BALTIMORE MD	
OATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR FR. CVACH & SON-900 N. CHESTER ST	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-152
53 10666

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 10666

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Robinson			2. DATE OF DEATH Dec 3 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto md			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St Joseph's Hospital 1400 N. Caroline St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 13 md 8-01		
D. STREET ADDRESS (If rural, give location) 1706 Llewelyn Ave			E. LENGTH OF STAY IN BALTIMORE 35 yrs		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Mar	8. DATE OF BIRTH Dec-31-1887		9. AGE (in years, last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY In Gen.		11. BIRTHPLACE (State or foreign country) Richmond Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Unknown		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO.			17. INFORMANT Henretta Kirby 1306 N. Spring St		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis Generalized Arteriosclerosis Arterial Hypertension Hypertensive Carditis Vascular disease Rt. Hemiparesis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23A. SIGNATURE R. Rosinelli		23B. ADDRESS M. D.		23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/7/1953	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.
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DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wilson, 1000 Brantley	ADDRESS Wilson, 1000 Brantley
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97099

53

10667

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10667

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Maggie Johnson

2. DATE
OF
DEATH

Dec. 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baths, City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1203 Young Court

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1529 Muliken Court

C. Length of stay in Baltimore

30 yrs.

5. SEX

Female

6. COLOR OR RACE

col.

7. SINGLE MARRIED, WIDOWED DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 14, 81

9. AGE (In years last birthday)

72

10. Under 1 Year

Months

11. Under 24 Hours

Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Somerset Co. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John D. Johnson

14. MOTHER'S MAIDEN NAME

Maggie Waid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William B. Johnson 1203 Young

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Lung

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cardiac Decomposition

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 13, 1953, to Dec 1, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 5:30 m., from the causes and on the date stated above.

23A. SIGNATURE

H. L. Lafont

M. D.

23B. ADDRESS

822 N. Bm St

23C. DATE SIGNED

12/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-4-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24E. FUNERAL DIRECTOR

ADDRESS

LEG 4-1953

VS 150

H. L. Lafont, M.D. 822 N. Bm St, Brooklyn Md, 12/3/53

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10668**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard M. Hutson

2. DATE
OF
DEATH

12/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

611 S. Glover St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

611 S. Glover St.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 15, 1880

9. AGE (In years
last birthday)

73

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman City of

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore Retired

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Hutson

14. MOTHER'S MAIDEN NAME

Mary Quigley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lucretia Hutson 611 S. Glover St.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular 3 yrs.

DUE TO

Disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1953, to Dec. 3, 1953, that I last saw the
deceased alive on Dec. 3, 1953, and that death occurred at 7:10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Clarence W. Hoffmann M. D.

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

12/4/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/7/53

Baltimore

Baltimore Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 - 1953

Harrington Williams, M.D.

Clarence F. Hoffmann 1639 Broadway.

STATE OF NEW YORK
DEPARTMENT OF HEALTH

NEW YORK
JAN 10 1918

STATE OF NEW YORK

DEPARTMENT OF HEALTH

NEW YORK

JAN 10 1918

STATE OF NEW YORK

DEPARTMENT OF HEALTH

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JAN 10 1918

STATE OF NEW YORK

DEPARTMENT OF HEALTH

NEW YORK

JAN 10 1918

STATE OF NEW YORK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 10689
Registered No.

1. NAME OF DECEASED
(Type or Print)

Clarence King

2. DATE
OF DEATH

November 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Oak 2

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

md.

B. COUNTY

before admission

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore
5-02

D. STREET ADDRESS (If rural, give location)

1031 Hillen St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-1-95

9. AGE (In years last birthday)

58

If Under 1 Year

Months: Days

If Under 24 hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John H. King

14. MOTHER'S MAIDEN NAME

Betty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *196X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Metastatic Bone Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-28, 1953*, to *11-30, 1953*, that I last saw the deceased alive on *11-30, 1953*, and that death occurred at *7:36 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Richard C. Reynolds

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/4/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

A.A. Co.

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

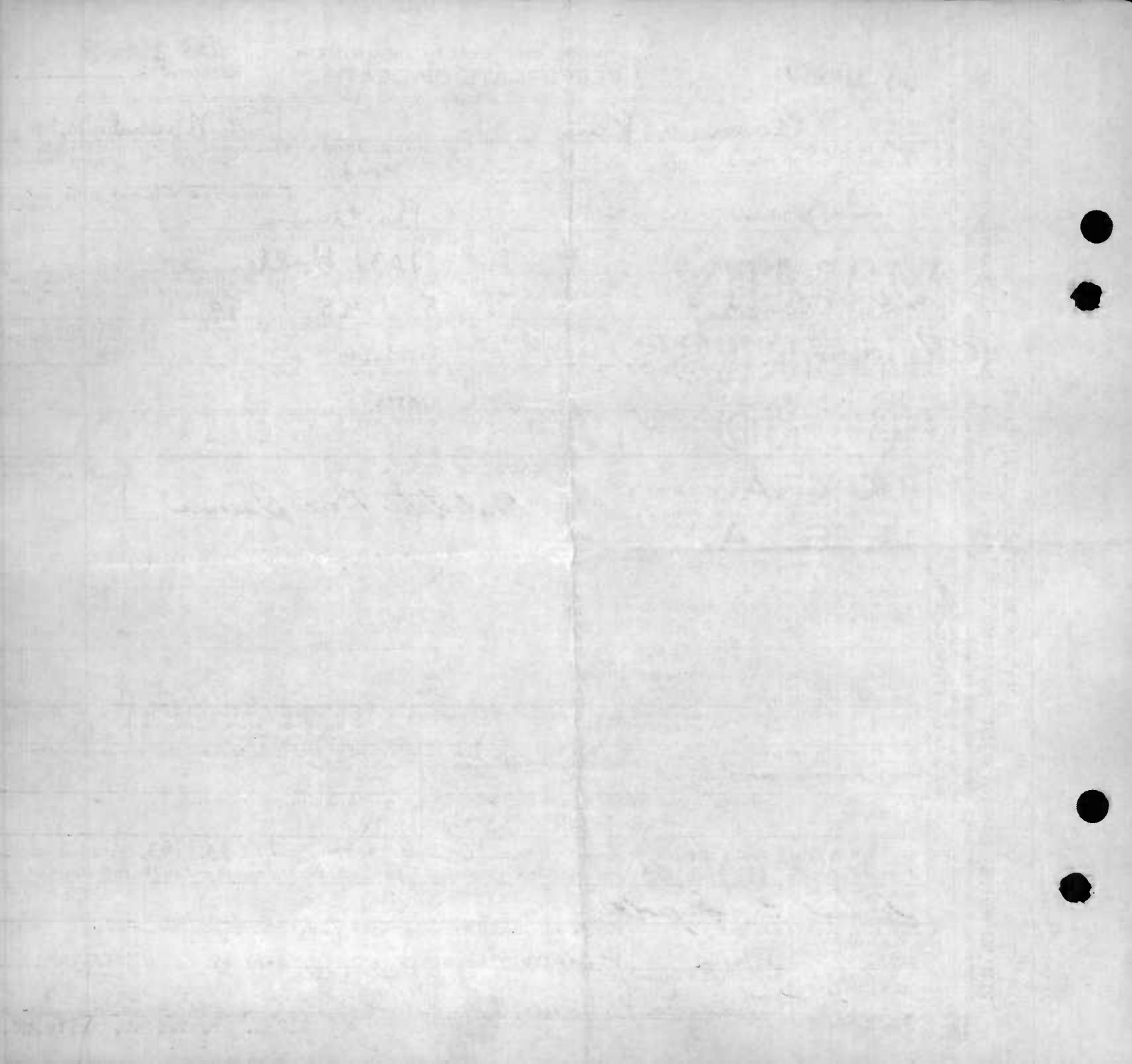
Rayner Sanders

ADDRESS

217 E. Preston St. Balto. Md.

DEC 4 vs 1953

97094



53 10670

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Hammond, Samuel*2. DATE
OF
DEATH*12/2/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

235 N. STRICKER ST.

c. Length of stay in Baltimore

20YRS.

5. SEX

Male

6. COLOR OR RACE

Black

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

3/1/1913

9. AGE (In years last birthday)

30

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of work log life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

CONSTRUCTION

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joshua Hammond

14. MOTHER'S MAIDEN NAME

Mary Curtis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

218-05-5173

17. INFORMANT

ADDRESS

MARY CURTIS-235 N. STRICKER ST

18.

490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12/1/53*, 19*53*, to *12/2/53*, 19*53*, that I last saw the deceased alive on *12/2/53*, and that death occurred at *10:15 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Jabon Espinosa

M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

12/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12/6/53

24C. NAME OF CEMETERY OR CREMATORY

ALTON CEM.

24D. LOCATION (City, town, or county)

HOWARD COUNTY, MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

CHAS. G. COOPER-512 CARROLLTON AV.

VS 150

DEC 4 - 1953

97024 *Charles G. Cooper*MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

MARGIN RESERVED FOR BINDING

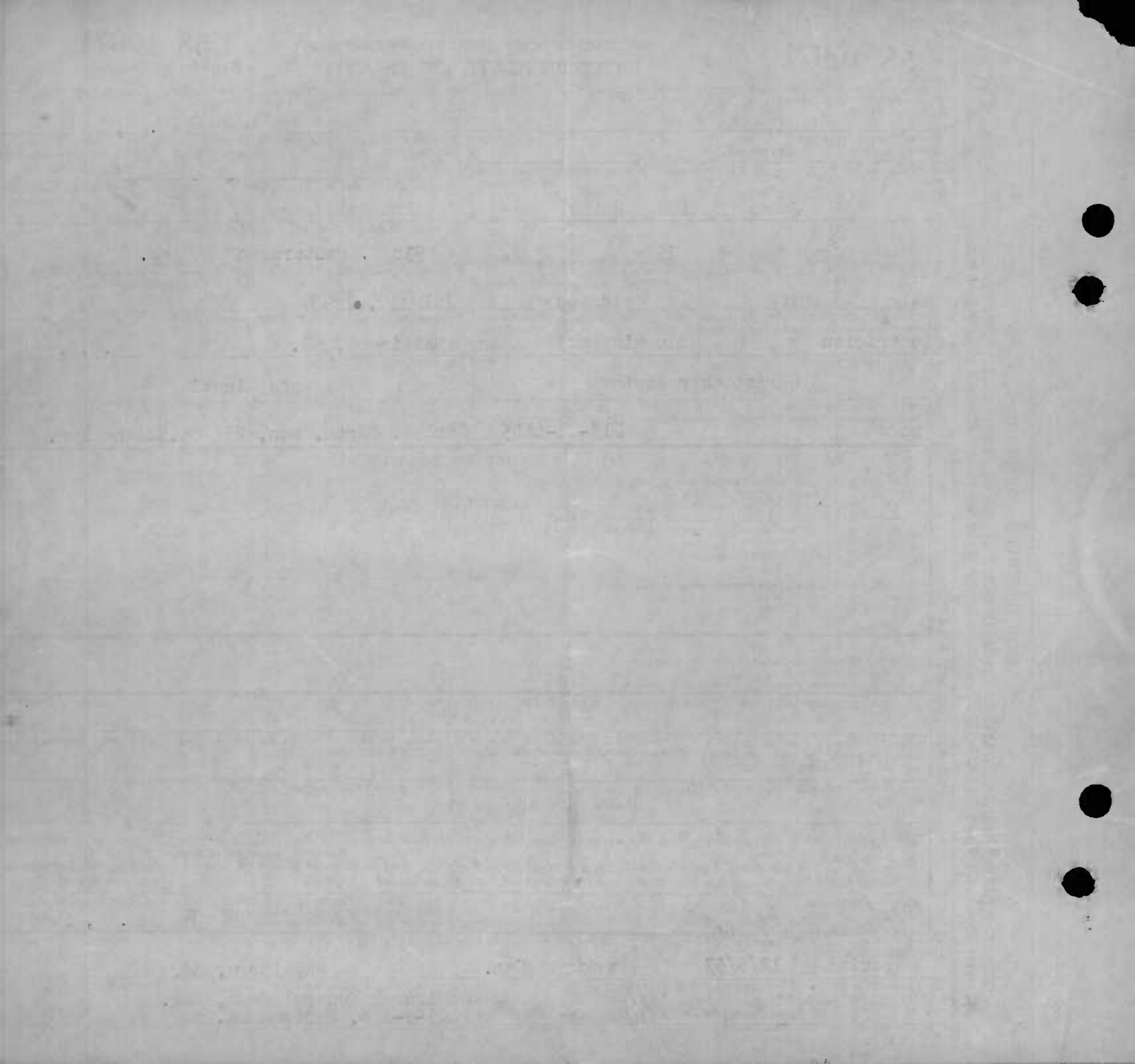
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-630
53 10671

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10671
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		WARTH		Dec. 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 938 N. Patterson Park Ave.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 19, 1890	9. AGE (In years last birthday) 63	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrician
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrician		10B. KIND OF BUSINESS OR INDUSTRY Bloomingthal & Kahn		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Christopher Barth		14. MOTHER'S MAIDEN NAME Anna Sindel		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 215-01-6455		17. INFORMANT ADDRESS Carl E. Barth, son, 254 St. Helena Ave.	
18. 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic heart disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Barth		23B. CHIEF MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED Dec. 2, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/5/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



53 10672

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

5-345
53 10672

1. NAME OF DECEASED (Type or Print) KATHRYN SEIDLING		2. DATE OF DEATH 12/2/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Chambers Home & Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 66 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 815 N. Glouster	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Aug. 26, 1887
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (in years last birthday) 66
13. FATHER'S NAME Joseph Reczek		14. MOTHER'S MAIDEN NAME Katherine Holmer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Chambers Home & Hospital		ADDRESS	

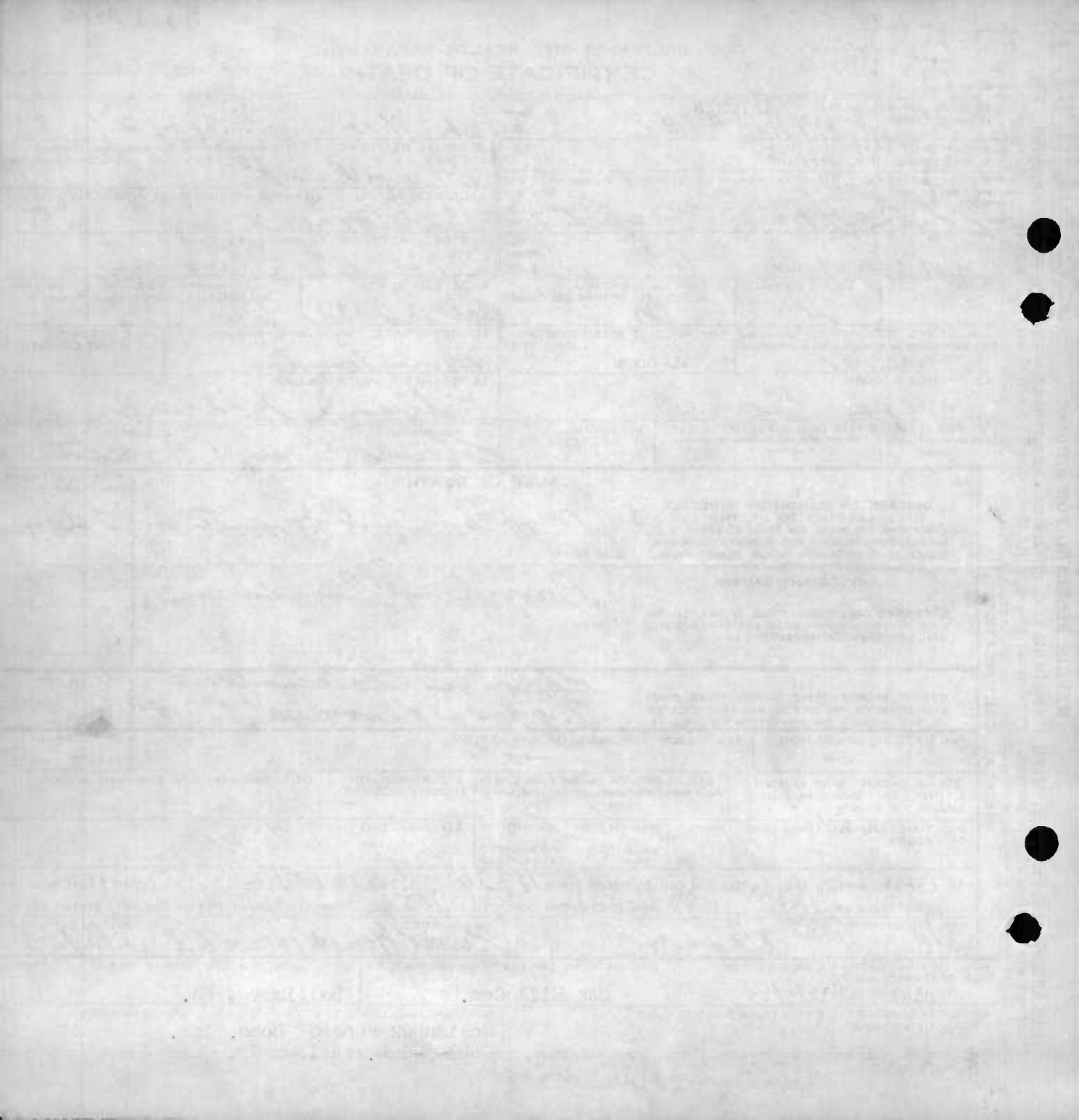
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction	CAUSE OF DEATH (A) Myocardial Infarction DUE TO	INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Thrombosis	(B) Coronary Thrombosis DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Cholelithiasis, Hydronephrosis, Right	(C) Chronic Cholelithiasis, Hydronephrosis, Right	yes? yes?

19A. DATE OF OPERATION 12/2/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11:30		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/30 , 19 53 , to 12/2 , 19 53 , that I last saw the deceased alive on 12/2 , 19 53 , and that death occurred at 11:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE David F. Danson		23B. ADDRESS Chambers Home & Hospital		23C. DATE SIGNED 12/2/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/5/53		24C. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2601-3-5 E. Madison St.			

DEC 4 - 1953
VS 150**Huntington Williams, M.D.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

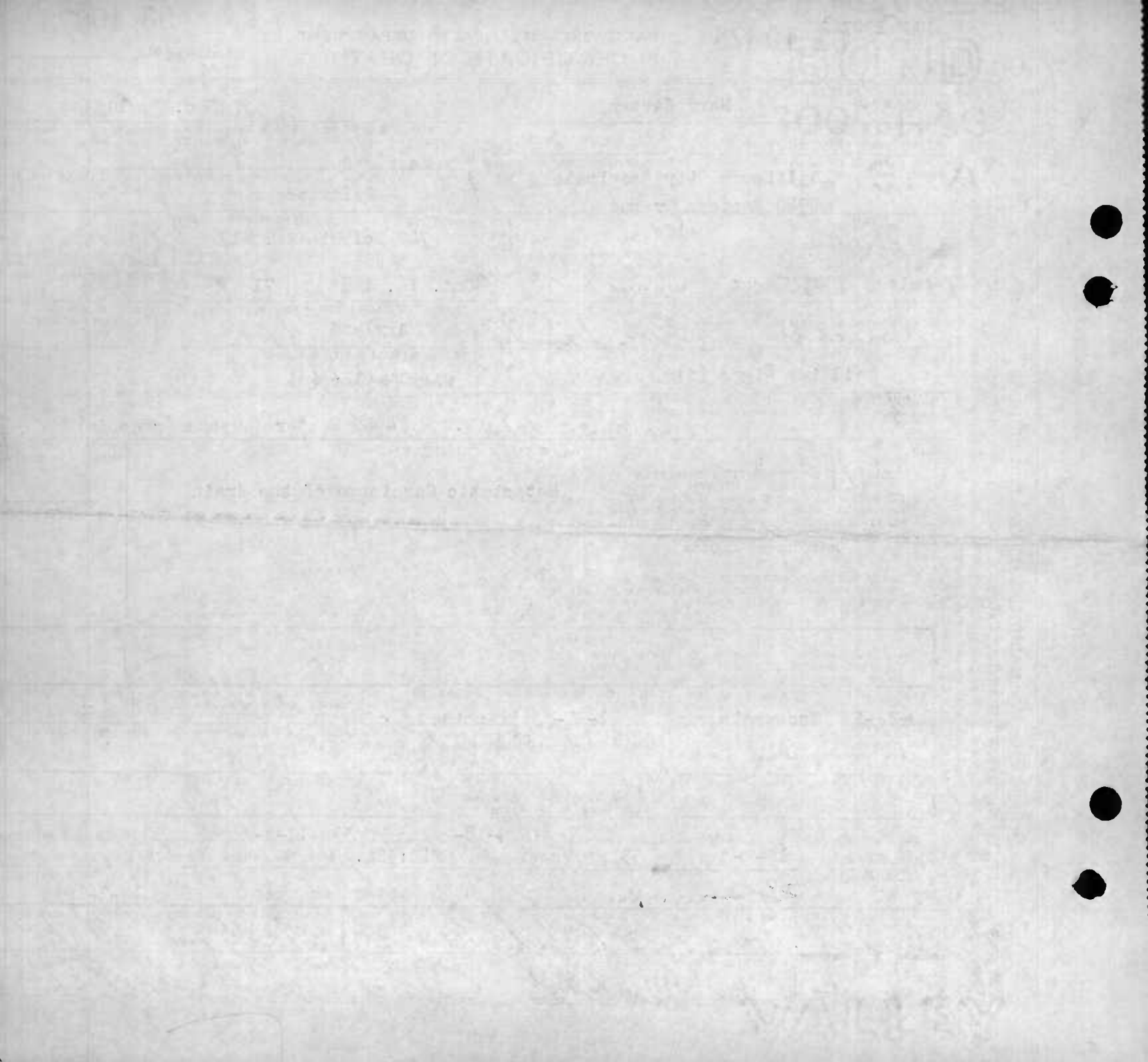


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-6-39 MAF 17472 53 10673		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10673 Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) Mary Carter			2. DATE OF DEATH Dec. 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 740 Dolphin St. #17		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	B. DATE OF BIRTH Oct. 16, 1882	9. AGE (In years last birthday) 71	H Under 1 Year Months: _____ Days: _____ H Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Dist. family	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME William Diggs (d)			14. MOTHER'S MAIDEN NAME Mary Taylor (d)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 215-52-1612	17. INFORMANT ADDRESS B.C.H. 4940 Eastern Avenue (records)		
18. 199.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma of the Brain (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____			INTERVAL BETWEEN ONSET AND DEATH _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____					
19A. DATE OF OPERATION 10-22-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Encephalogram		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II 11-27-53	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>			
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? _____			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 9-18- , 19 53 to 12-2- , 19 53 that I last saw the deceased alive on 12-2- , 19 53 and that death occurred at 12:50 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE H. John Van			23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-2-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 6, 1953		24C. NAME OF CEMETERY OR CREMATORY Abraham Mem. Pk.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. STATE Md.		24F. COUNTY Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. SPECIAL ADDRESS 1621 David Hill Ave	

7208A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10674

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10674

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Eugene Grimes</i>		2. DATE OF DEATH <i>Dec. 3, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> C. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1505 Pennsylvania Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>36 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1505 Pennsylvania Ave.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept. 6, 1904</i>	9. AGE (In years last birthday) <i>49</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>musician</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Orchestra</i>		11. BIRTH PLACE (State or foreign country) <i>Roanoke, Va.</i>	
13. FATHER'S NAME <i>John S. Grimes</i>		14. MOTHER'S MAIDEN NAME <i>Anna Sunbass</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>16-16-9347</i>		17. INFORMANT <i>Miss Willie Mayes Shields</i>	
18. <i>002X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Pulmonary Tuberculosis</i>			
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs.</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-30</i> , 19 <i>53</i> to <i>12-3</i> , 19 <i>53</i> that I last saw the deceased alive on <i>11-30</i> , 19 <i>53</i> and that death occurred at <i>3:30</i> P. M., from the causes and on the date stated above.					
23A. SIGNATURE <i>Cervical C. Smith</i>		23B. ADDRESS <i>1709 Gwynns Falls Pkwy</i>		23C. DATE SIGNED <i>12-4-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 7, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Ms. Calvary</i>	
24D. LOCATION (City, town, or county) (State) <i>Ms. Calvary</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Ms. Calvary</i>		24F. LOCATION (City, town, or county) (State) <i>Ms. Calvary</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Funeral Home</i>	
VS 150		057 FM			

DEC 4 - 1953

MARGIN RESERVED FOR BINDING

036-44

BODY TAKEN BY

NAME _____

ADDRESS _____

DATE _____

W-314

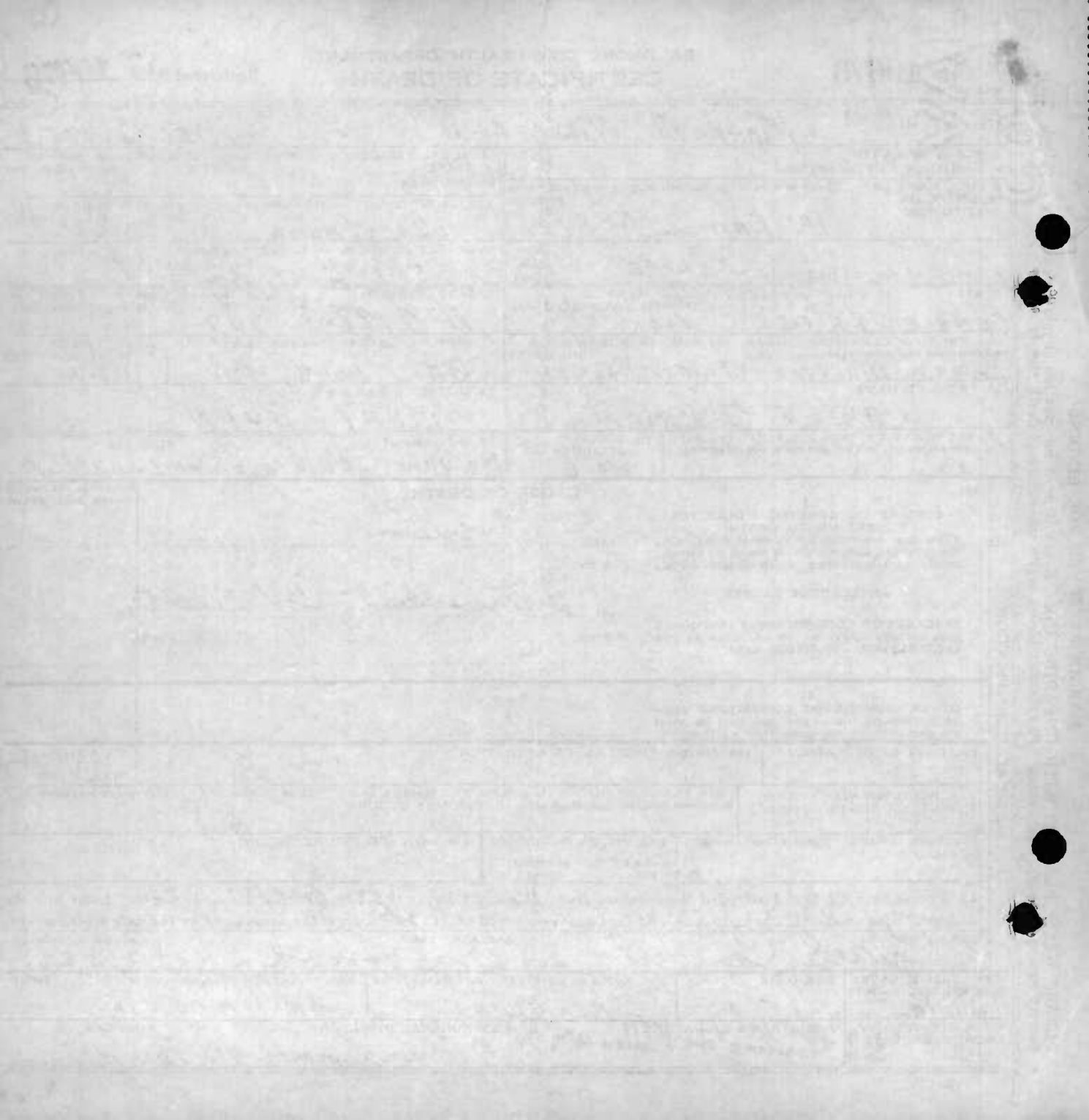
53 10676

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10676

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARY M. WIEDEFELD		2. DATE OF DEATH DEC. 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 9-08		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 501 EAST 22ND ST.		D. STREET ADDRESS (If rural, give location) 501 EAST 22ND ST		c. Length of stay in Baltimore LIFE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 4/28/1883?	9. AGE (In years last birthday) 70?	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FUNERAL DIRECTOR		10B. KIND OF BUSINESS OR INDUSTRY FUNERAL HOME		11. BIRTHPLACE (State or foreign country) BALTIMORE, MD	
13. FATHER'S NAME JAMES T. O'BRIEN		14. MOTHER'S MAIDEN NAME MARY BURNS.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS MR. JAMES L. WIEDEFELD - 501 E. 22ND ST.	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerosis C-V-Renal Dis.		CAUSE OF DEATH Arteriosclerosis C-V-Renal Dis.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (A) Arteriosclerosis C-V-Renal Dis. (B) Arteriosclerosis C-V-Renal Dis. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January , 19 53 to Dec. 2 , 19 53 , that I last saw the deceased alive on Nov-30 , 19 53 , and that death occurred at 11:30 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Chas. S. Can Jr		23B. ADDRESS 6201 York Rd		23C. DATE SIGNED 12/3/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/5/53		24C. NAME OF CEMETERY OR CREMATORY CATHEDRAL	
24D. LOCATION (City, town, or county) (State) BALTIMORE MD.		24E. FUNERAL DIRECTOR Lo Vernon Lemmon		24F. ADDRESS 4611 PARK HEIGHTS	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Lo Vernon Lemmon - 4611 PARK HEIGHTS	

0548F



P-623
53 10677BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10677
Registered No.

1. NAME OF DECEASED (Type or Print) SALVATORE PRESTI		2. DATE OF DEATH 12/2/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. CITY		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1013 Stiles St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 3-02	
c. Length of stay in Baltimore 47 yrs.		D. STREET ADDRESS (If rural, give location) 1013 STILES ST.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH Oct. 29, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY Balto. City	
13. FATHER'S NAME CARMEL PRESTI		14. MOTHER'S MAIDEN NAME LABORIA. FONTTONZZI	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MARY TERZI		ADDRESS 1013 STILES ST.	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Generalized Arterio-sclerosis. Chronic Hypertension			INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Hypertrophic Arteritis			?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 27, 1953 , to Dec. 2, 1953 , that I last saw the deceased alive on Dec. 1, 1953 , and that death occurred at 12:00 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Dr. J. J. Samples M. D.		23B. ADDRESS near E. Pratt St.	
23C. DATE SIGNED 12/4/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Dec. 5, 1953	
24C. NAME OF CEMETERY OR CREMATORY Sacred Heart		24D. LOCATION (City, town, or county) (State) Trope Rd. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR BENDELL DIPP		ADDRESS 312 S. Highland	

1000

STATE OF NEW YORK

CERTIFICATE OF DEATH

1000

1000

8701 天

THE UNIVERSITY OF CHICAGO
LIBRARY

1952

1951

11



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 634
53 10679BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10679

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE T. BRADLEY

2. DATE
OF
DEATH

Dec. 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

640 Wildwood Parkway

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

640 Wildwood Pkwy.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 27, 1874

9. AGE (in years last birthday)

79

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Mahlon Yeadhall

14. MOTHER'S MAIDEN NAME

Sarah Meeks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Cora Hallwig - 640 Wildwood Pkwy.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial insufficiency

DUE TO

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardio-vascular disease.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 14, 1953, to Dec. 2, 1953, that I last saw the deceased alive on Dec. 2, 1953, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4116 Edmondson Avenue

Dec. 4, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/5/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

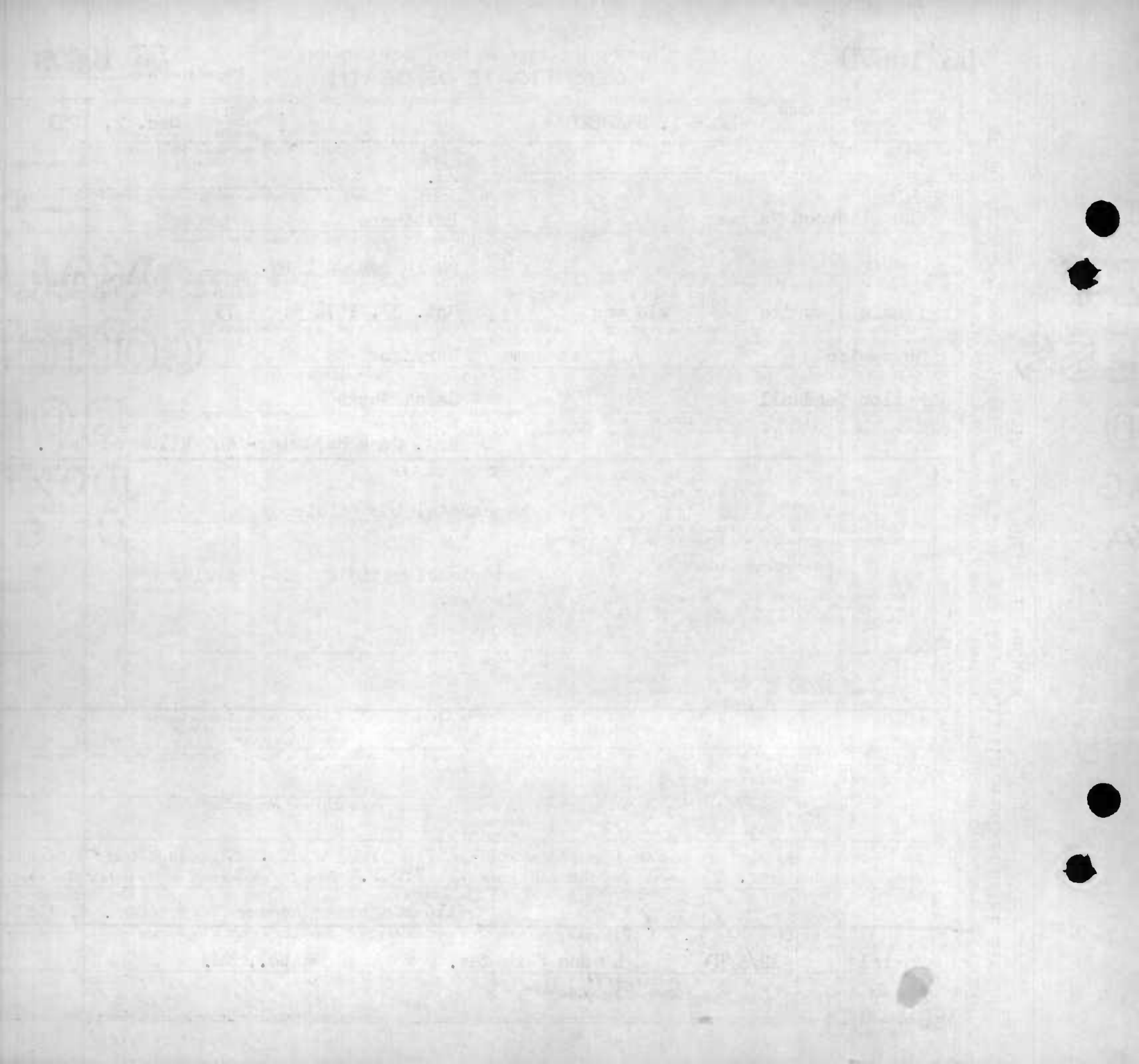
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 - 1953
VS 130

Balto., Md.

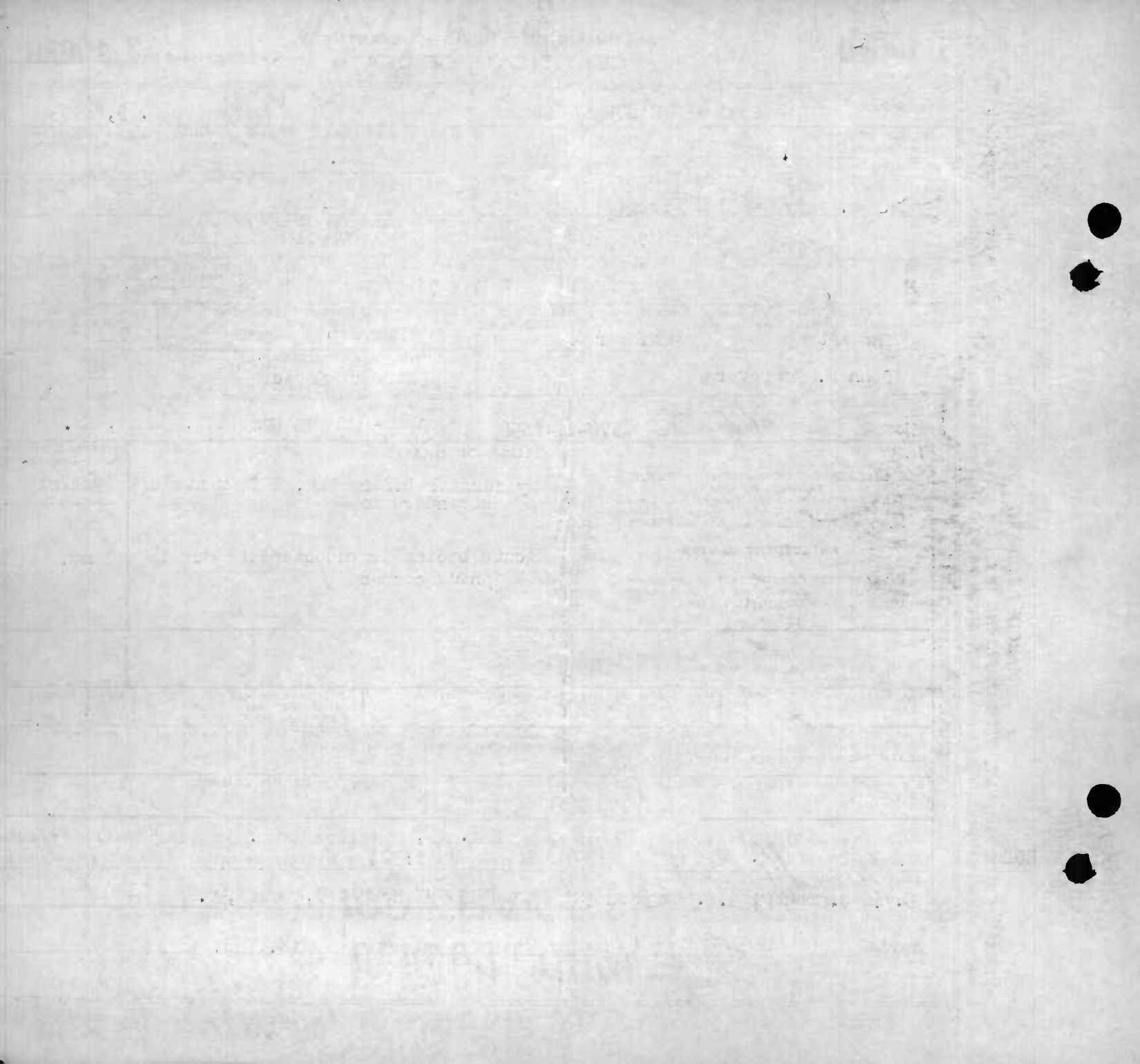


MARGIN RESERVED FOR BINDING

RGB

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-660 53 10680		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10680	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN ELMER SCHREYER		2. DATE OF DEATH Dec. 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Pa. B. COUNTY V-35		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ambridge	
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. drive & 31st street		D. STREET ADDRESS (If rural, give location) 298 Glenwood Road		5. LENGTH OF STAY IN BALTIMORE ? Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/25/05	9. AGE (In years last birthday) 48	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 2nd mate		10B. KIND OF BUSINESS OR INDUSTRY Seafarer		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John M. Schreyer		14. MOTHER'S MAIDEN NAME Florence Booze		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 178-12-2658		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	
18. 430.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Myocardial infarction, left ventricle secondary to Acute bacterial endocarditis due to pneumococcus		INTERVAL BETWEEN ONSET AND DEATH Recent 1 mo.	
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 25, 1953 Dec. 3, 1953 that I last saw the deceased alive on Dec. 3, 1953, and that death occurred at 5:30 A. M., from the causes and on the date stated above.					
23A. SIGNATURE David J. Crosby, S.A. Surgeon (R)		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 12/3/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/5/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Crematory	
24D. LOCATION (City, town, or county) Balto., Md.		24E. ADDRESS 24F. FUNERAL DIRECTOR Huntington Williams, Md.		24G. ADDRESS 24H. FUNERAL DIRECTOR J. Vickers & Sons	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, Md.		25. FUNERAL DIRECTOR J. Vickers & Sons	
VS 150		673-55		Balto. 17, Md.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

C-530
10681BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10681

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR F CHENOWETH

2. DATE
OF
DEATH

Dec 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

100

2311 Ballow Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-01

D. STREET ADDRESS (If rural, give location)

2311 Ballow Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 28, 1869

9. AGE (In years last birthday)

84

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

China Importers

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary B. Chenoweth 2311 Ballow Ave.

18. 199.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cancer of all abdominal organs related Heart

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1952, to Dec 1, 1953, that I last saw the deceased alive on 12/1, 1953, and that death occurred at 4:00 m., from the causes and on the date stated above.

23A. SIGNATURE

M. L. H. D. O. C. K. E. L.

M. D.

23B. ADDRESS

2225 Linden Ave.

23C. DATE SIGNED

12/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Windsor Mill Rd.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 4 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Paul E. Chenoweth 345-126 Chestnut Ave.

ADDRESS

2225 Linden

2-3

7-8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-116
AB-146790
53-10682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10682

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Edwin Spafford

2. DATE
OF
DEATH

Dec. 3-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave., Baltimore City Hospitals

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 14- 1878

9. AGE (In years last birthday)

75

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Salesman

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edwin Thomas Spafford

14. MOTHER'S MAIDEN NAME

Louise Luft

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
4940 Eastern Ave. Records: Baltimore City Hospitals

18. 163X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Lungs

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15-1951 to 12-3-1953, that I last saw the deceased alive on 12-3-1953, and that death occurred at 11.45AM, from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams, M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md. 12-3-53

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/5/53

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

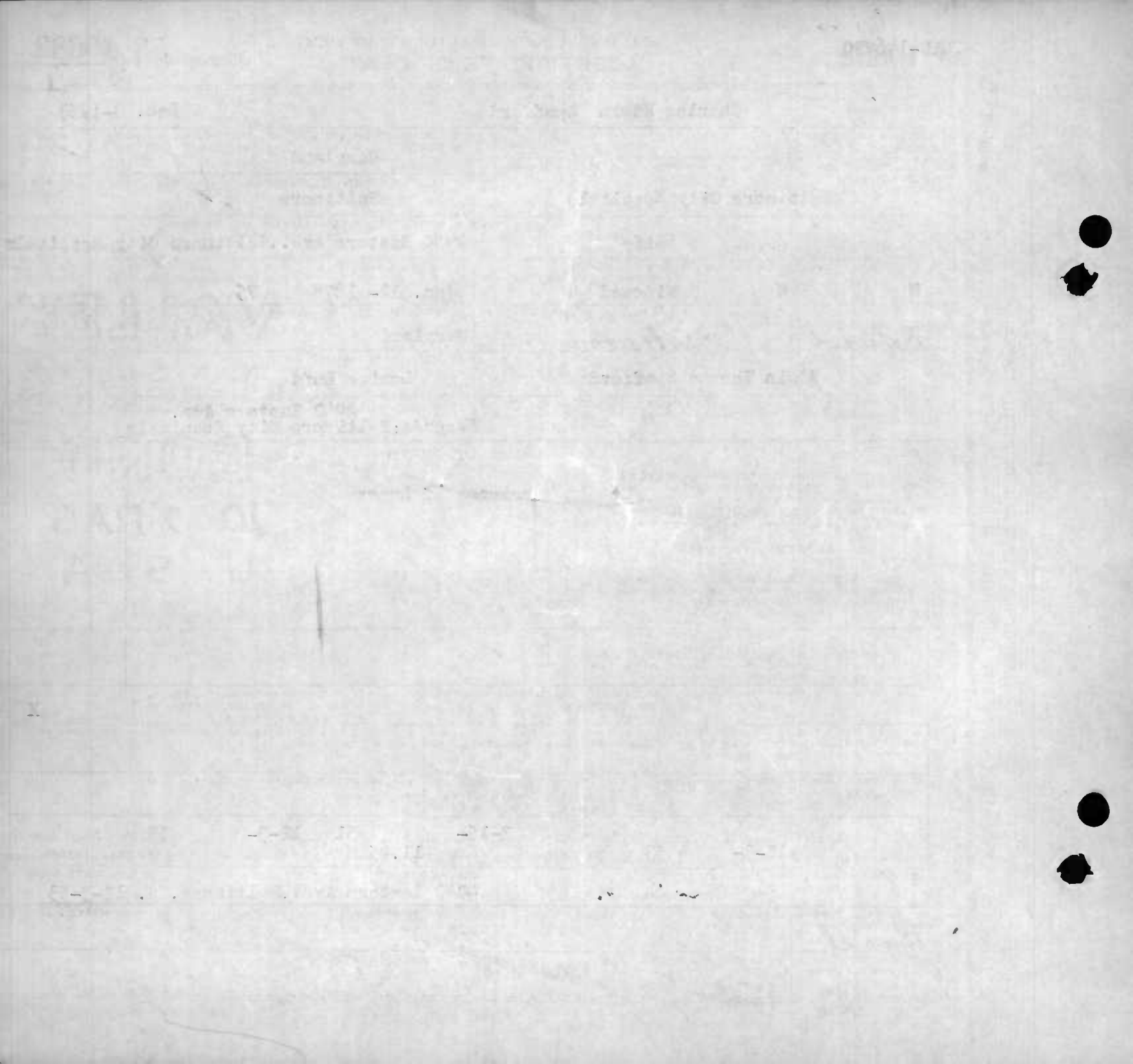
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc. 1217 St. Paul St.

ADDRESS

DEC 4-1953



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAF-138742-00

53 10683

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10683

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mabel Virginia Kelly

2. DATE
OF
DEATH 12-3-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave. (B. C. H.)

c. Length of stay in Baltimore

63 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Aug. 7, 1879

9. AGE (in years
last birthday)

74

If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At. Home

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hosea Moulton

14. MOTHER'S MAIDEN NAME

Annie Reese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 491x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchial Pneumonia of Both Lungs

DUE TO

ANTECEDENT CAUSES

(B)

Pulmonary Disease Unknown Cause

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9 1950, to 12-3 1953, that I last saw the
deceased alive on 12-3 1953, and that death occurred at 4:15a m., from the causes and on the date stated above.

23A. SIGNATURE

H. John Doe

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

12-3-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/5/53

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 4-1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 150

VALLEY
CONGRESS
BOND
OFFICE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F632		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 10684	
53 10684		CERTIFICATE OF DEATH			
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <u>JOHN PETER FRITSCHKE</u>				2. DATE OF DEATH <u>Dec 2 - 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1622 E Federal</u>				4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE <u>1622 E Federal</u> B. COUNTY <u>8 - Md</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO</u>				C. CITY OR TOWN (If outside corporate limits, write R.U.D. and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <u>1622 E Federal St</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 13 - 1874</u>	9. AGE (In years last birthday) <u>79</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Induswood Finisher</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Bank & Real Est</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
13. FATHER'S NAME <u>Frank Fritsche</u>				14. MOTHER'S MAIDEN NAME <u>Emma</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Francis A Fritsche - 5911 Arabin Ave</u>	
18. <u>421.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <u>Valvular Heart Disease</u> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <u>23 days</u>	
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 9</u> , 1953, to <u>Dec. 2</u> , 1953, that I last saw the deceased alive on <u>Dec 2</u> , 1953, and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Jacob Fisher</u>		23B. ADDRESS <u>3422 Belair Rd</u>		23C. DATE SIGNED <u>12/4/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>Dec 5 - 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	
24D. LOCATION (City, town, or county)		24E. STATE		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 4 - 1953</u>		REGISTRAR'S SIGNATURE <u>William Williams</u>		25. FUNERAL DIRECTOR <u>Wm Cook Inc - 1217 St Paul St</u>	
VS 150					

1911

1911

1911



Med. Ex. Case - Released to Hosp
C-563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10685

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
7. LENGTH OF STAY IN BALTIMORE		8. STREET ADDRESS (If rural, give location)	
9. SEX		10. DATE OF BIRTH	
11. COLOR OR RACE		12. AGE (In years last birthday)	
13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		13. Under 1 Year Months: Days	
14. Under 24 Hours Hours: Min.		15. BIRTHPLACE (State or foreign country)	
16. CITIZEN OF WHAT COUNTRY		17. MOTHER'S MAIDEN NAME	
18. FATHER'S NAME		19. SOCIAL SECURITY NO.	
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		21. ADDRESS	
22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		23. CAUSE OF DEATH	
24. ANTECEDENT CAUSES		25. INTERVAL BETWEEN ONSET AND DEATH	
26. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
28. DATE OF OPERATION		29. CONDITION FOR WHICH OPERATION WAS PERFORMED	
30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		31. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
32. WHERE DID INJURY OCCUR?		33. HOW DID INJURY OCCUR?	
34. I hereby certify that I attended the deceased from the time he was deceased alive on 12-5-53, and that death occurred at 4:00 p. m., from the causes and on the date stated above.		35. SIGNATURE	
36. ADDRESS		37. DATE SIGNED	
38. NAME OF CEMETERY OR CREMATORY		39. LOCATION (City, town, or county) (State)	
40. DATE RECEIVED BY LOCAL REGISTRAR		41. REGISTRAR'S SIGNATURE	
42. FUNERAL DIRECTOR		43. ADDRESS	

NOT A MEDICAL EXAMINER'S CASE

R. F. Fisher

CHIEF OR ASST. MEDIC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10686

BIRTH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10686
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Anna C. Kratfel</i>			2. DATE OF DEATH <i>December 3, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore 26-09</i>		
c. Length of stay in Baltimore <i>ABOUT 45</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>701 S. Fayley</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>2-14-84</i>	9. AGE (In years last birthday) <i>69</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSE WORK</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>AT HOME.</i>	11. BIRTHPLACE (State or foreign country) <i>CZECHOSLOVAKIA</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>JOHN TANCIBOK</i>			14. MOTHER'S MAIDEN NAME <i>ANNA ?</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>213-07-7026</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH <i>Cerebral Vascular Accident</i> <i>Generalized Arteriosclerosis</i> <i>Hypertensive Arteriosclerotic Heart Disease</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-24</i> , 1953, to <i>12-2</i> , 1953, that I last saw the deceased on <i>12-2</i> , 1953, and that death occurred at <i>10:00</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>William S. Seiler</i> M.D.			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12-5-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>ST. STANISLAUS CEM</i>		24D. LOCATION (City, town, or county) (State) <i>1300 DUNDALK AVE. BALTO. MD.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 4-1953</i>		REGISTRAR'S SIGNATURE <i>William S. Seiler</i>		25. FUNERAL DIRECTOR ADDRESS <i>901 S. CONKLING ST</i>	

2/20/28

NO. 1000

1928

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-3487
53 10687BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10687
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Matejski, Stefan

2. DATE
OF
DEATH 12/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland St. Agnes' Hospital

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION St. Agnes' Hospital
Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Howard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Elkridge #27D. STREET ADDRESS (If rural, give location)
St. Augustine Avenue 6300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Retired

8. DATE OF BIRTH

March, 1880

9. AGE (In years last birthday)

73

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Matejski

14. MOTHER'S MAIDEN NAME

Pmurski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-07-0608A

17. INFORMANT

ADDRESS 1800

Stanley Matejski Augustine on Elkridge

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Pulmonary Decompensation

approx 18 hrs

ANTECEDENT CAUSES

(B) DUE TO

Atherosclerotic Hypertensive Pulmonary Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

Ischemic

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2, 1953, to 12/3, 1953, that I last saw the deceased alive on 12/3, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

12-3-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 5 1953

U.S. AIR FORCE

OFFICE

VALLEY

WILLIAM J. WALKER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-412
53 10688

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10688

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SOPHIA PHILLIPS

2. DATE
OF
DEATH

12/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

9-01

D. STREET ADDRESS (If rural, give location)

612 Chestnut Hill Ave.

C. Length of stay in Baltimore

77

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

B. DATE OF BIRTH

Jan 31, 1876

9. AGE (In years
last birthday)

77

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Louis Schreiber

14. MOTHER'S MAIDEN NAME

Lucretia Nagle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Church Home & Hospital

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized arteriosclerosis
DUE TO Nutritional deficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pharyngeal abscess

4 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1953 to Dec. 3, 1953, that I last saw the deceased alive on Dec 3, 1953, and that death occurred at 2:25 P. M., from the causes and on the date stated above.

23A. SIGNATURE

David F. Dawson

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

12/3/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 5-1953

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

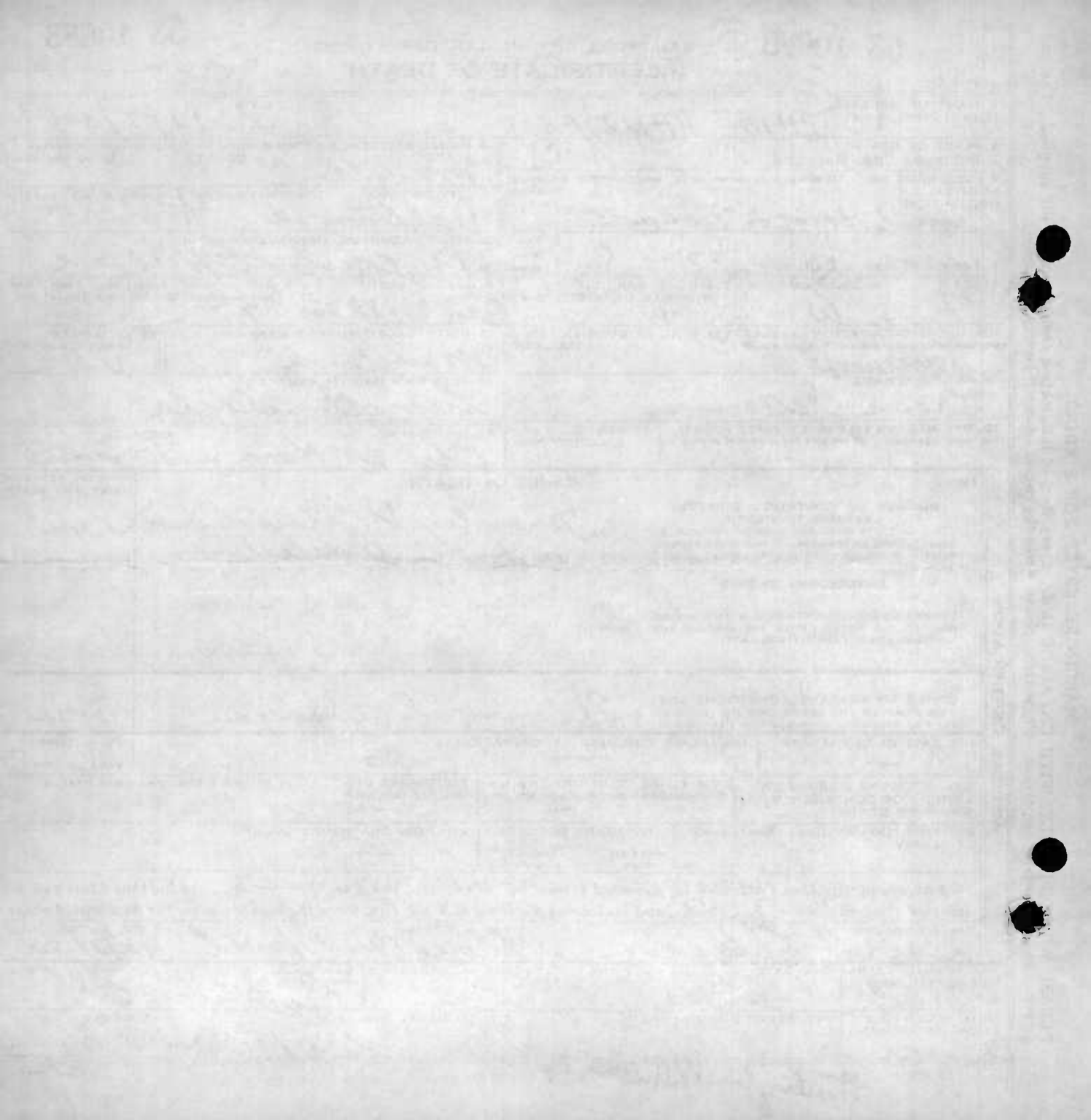
25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams

DEC 4-1953

VS 130



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10689

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)ALVIE (ALVA) DUYAL McCANN2. DATE
OF
DEATHDecember 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

10 W. Preston Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)MARRIED

B. DATE OF BIRTH

Oct 20 19089. AGE (In years
last birthday)45If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

WEST VA12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

BERNARD GRIMM

14. MOTHER'S MAIDEN NAME

SARAH ANN15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ROBERT VANCE-MATOAKA W-VA1B. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of cervix with metastases
to right inguinal lymph nodes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jackson, Jr.23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED
Dec. 4, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/5/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

MATOAKA W. VADATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

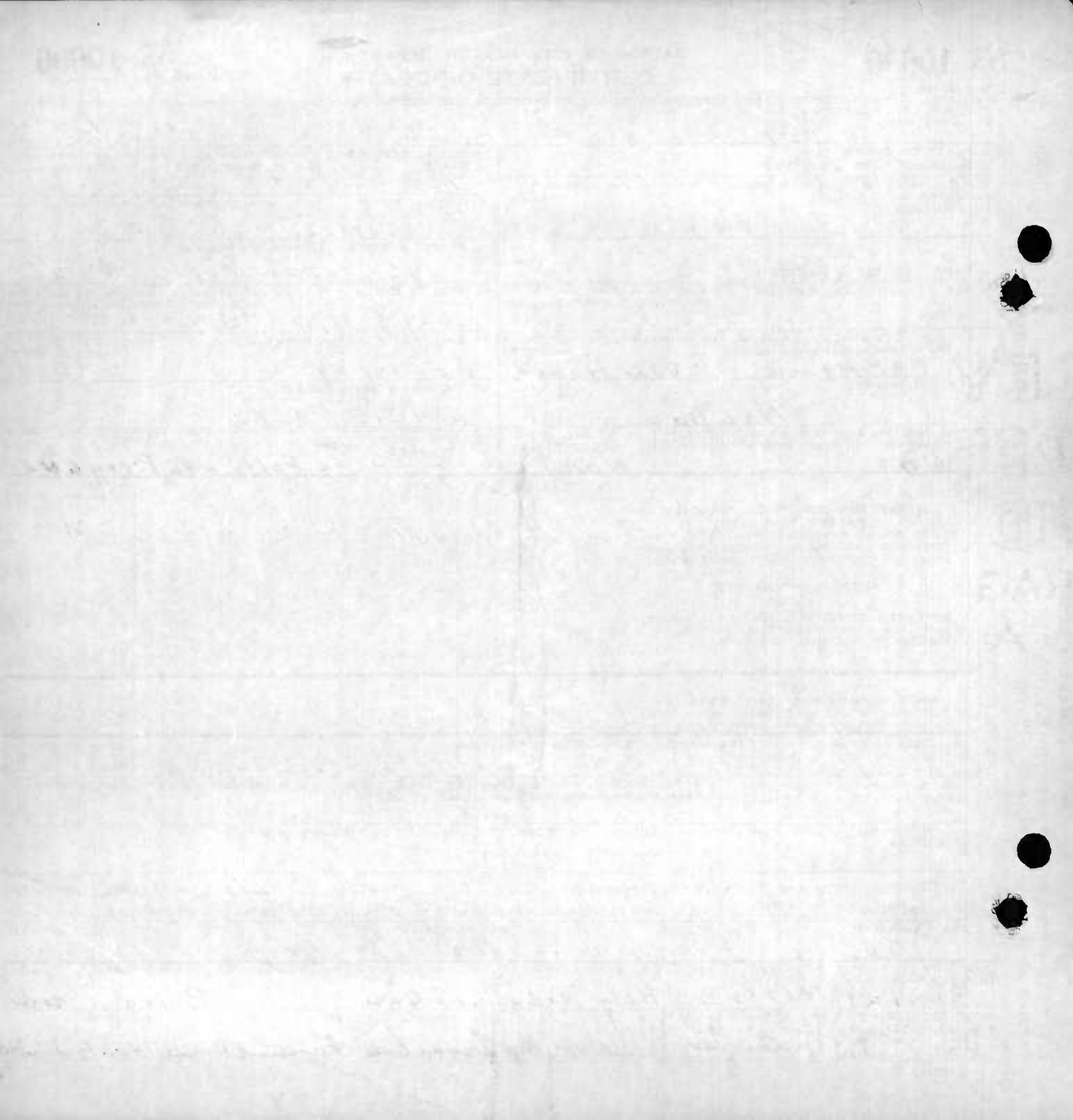
25. FUNERAL DIRECTOR

ADDRESS

Port & B. M. WaltersPratt & Stricker Sts

M-552
53 10690BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10690
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MENNINGER, BARBARA		12/4/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Md. Gen Hosp.		MD. Baltimore	
c. Length of stay in Baltimore 65		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 5300	
5. SEX F		D. STREET ADDRESS (If rural, give location) 496 FITCH AVE BALTO 6	
6. COLOR OR RACE W		8. DATE OF BIRTH JULY 8 1878	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W		9. AGE (in years last birthday) 75 Y.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (State or foreign country) GERMANY	
10B. KIND OF BUSINESS OR INDUSTRY Own Home		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME ? Neubauer		14. MOTHER'S MAIDEN NAME MARIE FOLTZ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NOT		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Mrs W. DAUGHTER Foltz		ADDRESS 496 Fitch Ave	
18. 153x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CARCINOMA COLON DUE TO INTERVAL BETWEEN ONSET AND DEATH 3M+			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTESTINAL OBSTRUCTION		2W+	
19A. DATE OF OPERATION 12/4/53		19B. MAJOR FINDINGS OF OPERATION CARCINOMA HEPATIC FLEXURE INT. OPS.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/21, 1953 to 12/4, 1953 that I last saw the deceased alive on 12/4, 1953, and that death occurred at 1:30 Pm., from the causes and on the date stated above.			
23A. SIGNATURE John A. Simpson M.D.		23B. ADDRESS Md. Gen Hosp.	
23C. DATE SIGNED 12/4/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/7/53	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cen		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D. Registrar	
25. FUNERAL DIRECTOR Funeral Home 7406 Balto Rd		ADDRESS	



D-520
53 10691BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10691

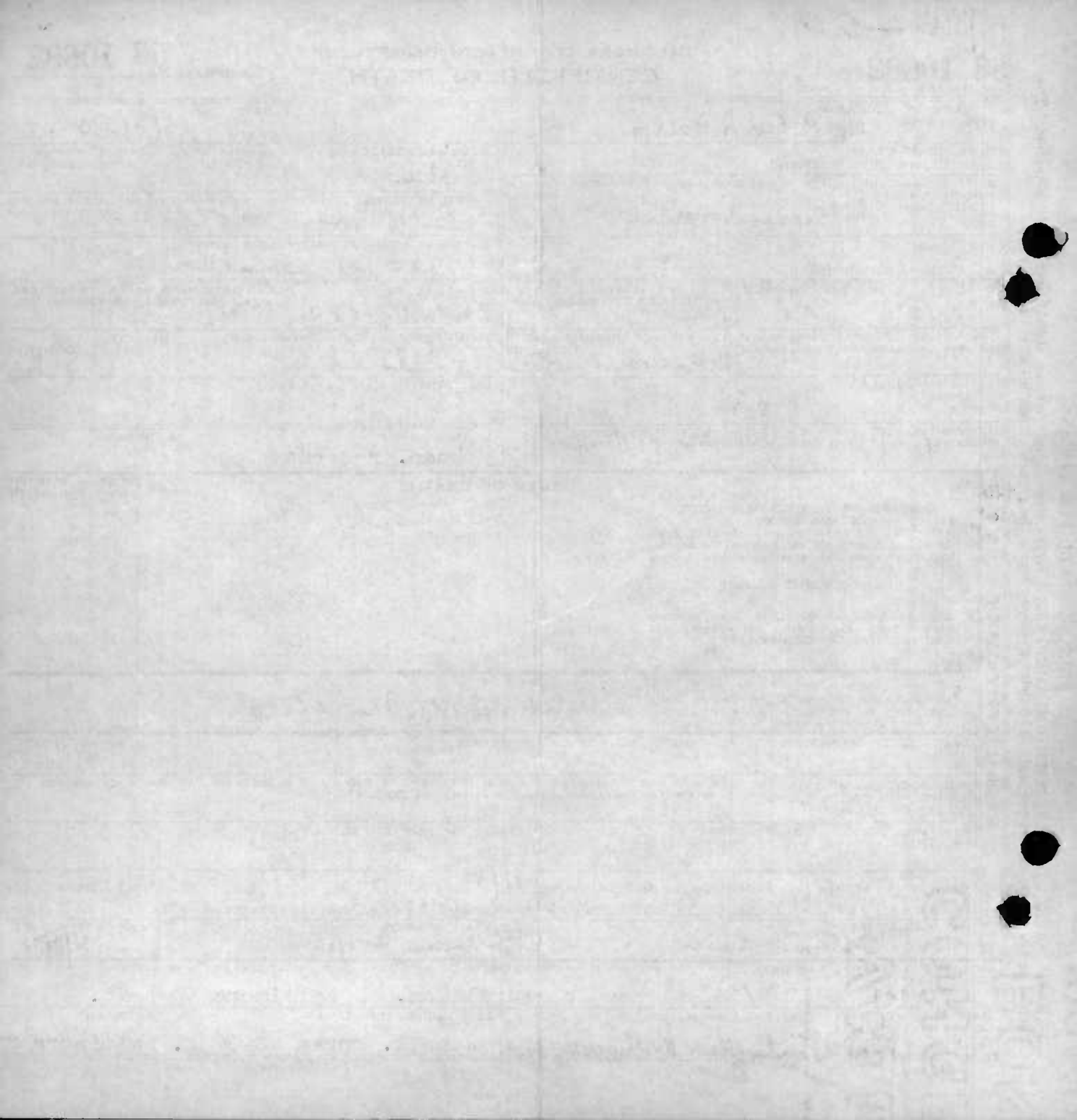
1. NAME OF DECEASED (Type or Print) Albert E. Dant			2. DATE OF DEATH 12/13/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MD B. COUNTY 26-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto		
c. Length of stay in Baltimore 27 yrs			D. STREET ADDRESS (If rural, give location) 4501 Mary Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/27/1900		9. AGE (In years last birthday) 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Salesman			10B. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (State or foreign country) Germany
13. FATHER'S NAME Fred H. Dant			14. MOTHER'S MAIDEN NAME Luise Pfeffinger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 215-15-3950		17. INFORMANT ADDRESS Mrs. Albert Dant - 4501 Mary Ave	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acute Coronary Thrombosis DUE TO (B) Joseph A. Jackson Jr DUE TO (C) CERTIFICATION APPROVED BY			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE D. J. Jones		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Parwood Cemetery Balto.	
24D. LOCATION (City, town, or county) (State) MD		24E. FUNERAL DIRECTOR Hassah Funeral Home		24F. ADDRESS 1401 Belair Rd.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5-1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 47074	

53 10692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10692

1. NAME OF DECEASED (Type or Print) Mr. Peter A. Nolan			2. DATE OF DEATH 12/3/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 46 Guberman Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-08		
C. Length of stay in Baltimore ??			D. STREET ADDRESS (If rural, give location) 1907 Freeman Ave 18		
5. SEX male	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Sep. 11/1875	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Restaurant owner		11. BIRTHPLACE (State or foreign country) Ireland	
13. FATHER'S NAME ??		14. MOTHER'S MAIDEN NAME ??		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Hosp. records	
18. 493X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Asthma chronic heart disease			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 2/1		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/30 , 19 53 , to 12/3 , 19 53 , that I last saw the deceased alive on 12/3 , 19 53 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Heinrich		23B. ADDRESS Guberman Hospital		23C. DATE SIGNED 12/3/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/7/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Md.		25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Baltimore S	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10693****H-600**
53 10693

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MARGARET HERR**2. DATE
OF
DEATH**12-3-1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**St. Agnes Hosp.**

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3752 Old Frederick Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

June 5, 18709. AGE (In years
last birthday)**83**10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housekeeper**10B. KIND OF BUSINESS OR
INDUSTRY**Home**

11. BIRTHPLACE (State or foreign country)

Germany12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

Martin Vorrath

14. MOTHER'S MAIDEN NAME

Anna Schroll15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Yoe 8 N. Culver St.18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Coronary Occlusion**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **General Arteriosclerosis?**
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office hldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan**, 19**53**, to **Dec 3**, 19**53**, that I last saw the
deceased alive on **12/3**, 19**53**, and that death occurred at **12:15 PM**, from the causes and on the date stated above.

23A. SIGNATURE

D. P. Alagis

23B. ADDRESS

M. D.

3336 Madison Ave

23C. DATE SIGNED

12/4/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

12-7-53

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore Md.DATE RECEIVED BY
LOCAL REGISTRAR

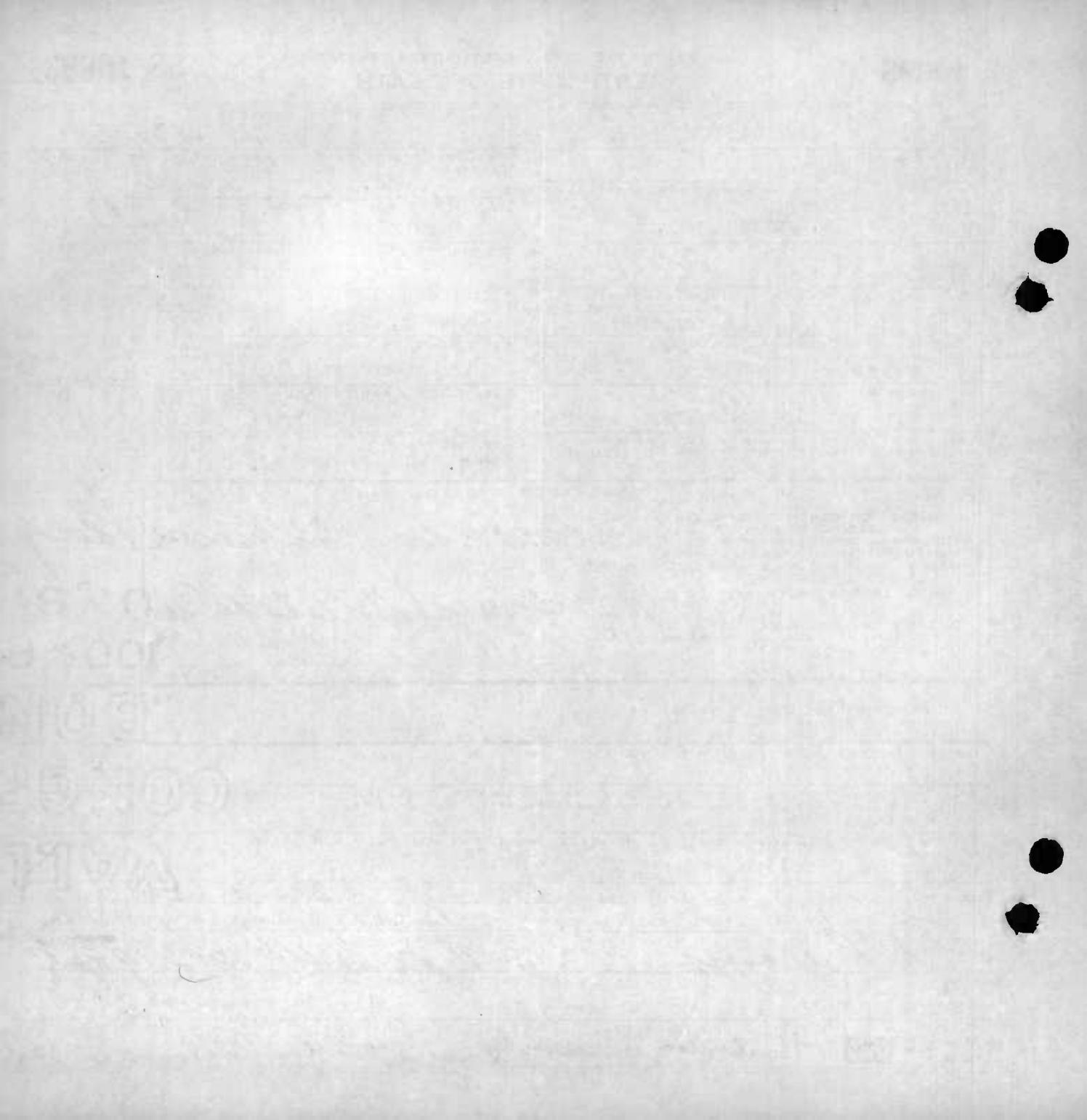
REGISTRAR'S SIGNATURE

Huntington Hollister

25. FUNERAL DIRECTOR

ADDRESS

George D. Farley Catonsville, Md.



R-260

53 10694

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10694

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY C. ROESSER

2. DATE
OF
DEATH

12-2-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

HOODS NURSING HOME

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

9 N. BEECHFIELD AVE.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MARCH 29, 1885

9. AGE (In years
last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALESMAN - RET.

10B. KIND OF BUSINESS OR
INDUSTRY

FURNITURE

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

JOHN ROESSER

14. MOTHER'S MAIDEN NAME

MARY DOENGES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary E. Roesser, 9 N. Beechfield Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Pneumonia

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Quinoides Dibrillation with
cardiac decompensation

3 weeks

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Pulmonary Edema

2 days

Cardio-Vascular Arteriosclerotic
disease

2 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10. 33, 1951, to 12. 2, 1953, that I last saw the
deceased alive on 12. 8, 1953, and that death occurred at 6 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 5-1953

Huntington Williams, M.D.

George A. Zink

Catonville, Ind.

100

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

58 F 321
10695

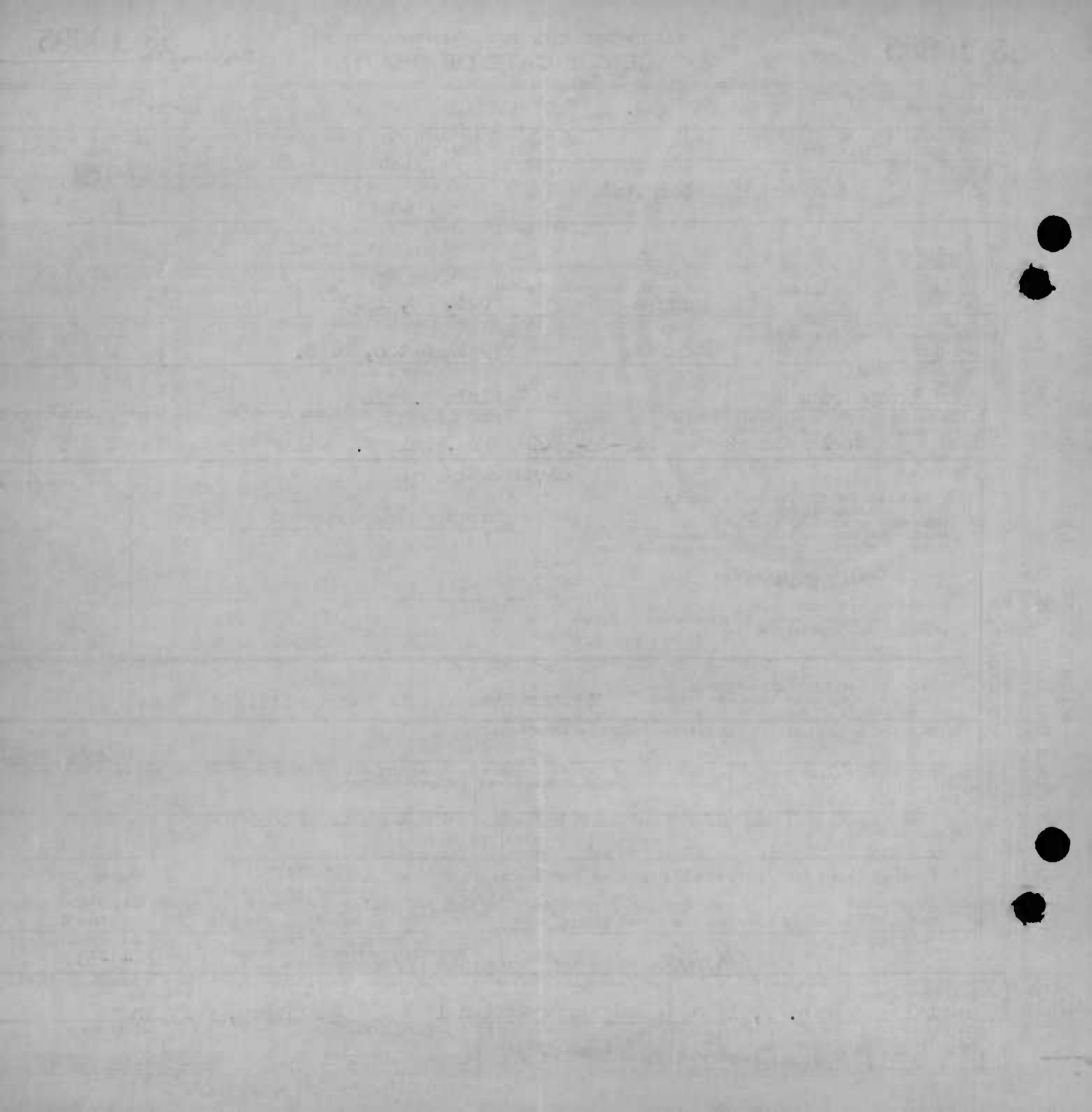
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10695

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JOHN F. FITZPATRICK		12-3-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 30 years		D. STREET ADDRESS (If rural, give location) 3434 Ash Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 20, 1913	9. AGE (In years last birthday) 40	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lather		10B. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Washington, D. C.	
13. FATHER'S NAME John Fitzpatrick		14. MOTHER'S MAIDEN NAME Lula E. Kilby		12. CITIZEN OF WHAT COUNTRY? U S A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 213-03-5562		17. INFORMANT Mrs. Lula E. Butler	
World War #2				ADDRESS 3434 Ash Street	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Chronic Alcoholism		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Hemorrhagic Pancreatitis		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED 12-3-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 7, 1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Burgee Funeral Home		24F. ADDRESS 3631 Falls Road	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		594 24 Horace F. Burgee	



L-625
53 10696BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10696

BIRTH NO.			2. DATE OF DEATH <u>Dec. 3/53</u>		
1. NAME OF DECEASED (Type or Print) <u>Alice S. Larkin</u>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Balto.</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2919 Shirley Ave</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>2919 Shirley Ave</u>			D. STREET ADDRESS (If rural, give location) <u>2919 Shirley Ave</u>		
c. Length of stay in Baltimore <u>Life</u>			Yrs. Mos. Days		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Aug 23, 1881</u>		9. AGE (In years, last birthday) <u>72</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cummings Mills, Balto. Co., Md.</u>	
13. FATHER'S NAME <u>Isaac Benfritz</u>			14. MOTHER'S MAIDEN NAME <u>?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Orville Wright</u>	
(If yes, give war or dates of service)				ADDRESS <u>2919 Shirley Ave</u>	

18. <u>592X</u>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <u>Arteriosclerosis b.v. Disease</u>			
ANTECEDENT CAUSES		(B) <u>Chronic nephritis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <u>Chronic Bronchitis</u>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 10, 1952</u> , to <u>Dec. 3, 1953</u> , that I last saw the deceased alive on <u>Dec. 2, 1953</u> , and that death occurred at <u>4:35 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Nathan Janney</u>		23B. ADDRESS <u>7101 Harford Rd.</u>		23C. DATE SIGNED <u>12/4/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Dec. 5/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>		25. FUNERAL DIRECTOR <u>Huntington Williams</u>		ADDRESS <u>5005 E. Falls</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 5-1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		ADDRESS <u>Balto. Md.</u>	

Dr Nathan Jewney
7101 Hopford Road

HUG-5705

7803 Crossland
off 7800 Pk Hgts.
Fairway.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-234
53 10697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10697

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mr. Clarence W. Mc Dowell		2. DATE OF DEATH Dec. 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2803 Fleetwood Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2803 Fleetwood Avenue			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 24, 1876	9. AGE (In years, last birthday) 77	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Eastern Rolling Mill		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. George Mc Dowell, 2803 Fleetwood	
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Anterior Ischemic Cardia DUE TO vascular renal Disease 10 years (B) DUE TO (C) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 1942, 19, to 12-2-53, 19, that I last saw the deceased alive on 11-30, 1953, and that death occurred at 2 P. m., from the causes and on the date stated above.			
23A. SIGNATURE C. W. Peck		23B. ADDRESS 4508 Harford Road		23C. DATE SIGNED 12-3-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 5, 1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Leonard J. Ruck		24F. ADDRESS 5305 Harford Road.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5-1953		REGISTRAR'S SIGNATURE Huntington Williams			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)MR. ROLO V. MORRIS2. DATE
OF
DEATH12-4-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Union Memorial Hospital

C. Length of stay in Baltimore

5 1/2 yrs.

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

12/20/019. AGE (in years,
last birthday)51If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Industrial10B. KIND OF BUSINESS OR
INDUSTRYIndustrial plant

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?U.S.

13. FATHER'S NAME

Alonzo D. Morris

14. MOTHER'S MAIDEN NAME

Alice Shipley15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)unknown16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Myrtle Morris

ADDRESS

Same18. 420.0DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerotic heart disease

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4/53, 1953, to 12/4/53, 1953, that I last saw the
deceased alive on 12/4/53 1953, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Hugh M. Brown

M. D.

23B. ADDRESS

Union Memorial

23C. DATE SIGNED

12/4/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

12/8/53

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRARDEC 5-1953

REGISTRAR'S SIGNATURE

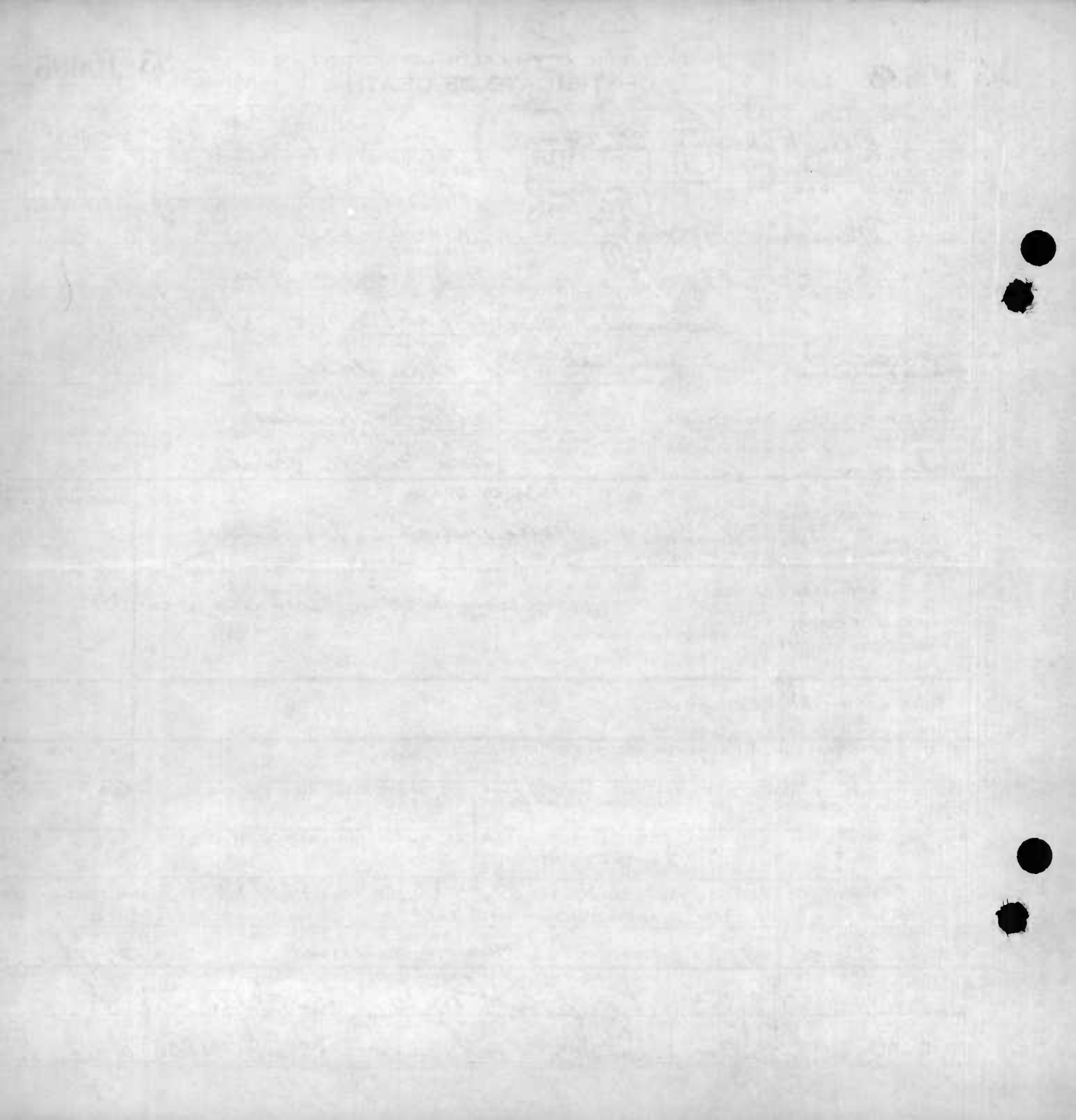
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Luck

ADDRESS

5305 Hayford



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10699

53 10699

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Henry J. Rohrbach

2. DATE
OF
DEATH

Dec. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

Rosedale

D. STREET ADDRESS (If rural, give location)

63 A. Oak Grove Drive 5300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 7, 1885

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Shipping Clerk Genl Electric

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Philadelphia Penna

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Rohrbach

14. MOTHER'S MAIDEN NAME

Clementine Dever

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Miss Eleanor Rohrbach

ADDRESS 63 A
Oak Grove Dr

18. 260X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pneumonia

1 day

(C)

Diabetes mellitus

10 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chr. Pyelitis

3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12. 8, 1953, to 12. 4, 1953, that I last saw the deceased alive on 12. 4, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Local Physician

23B. ADDRESS

300 E. North Ave

23C. DATE SIGNED

12. 5. 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 10, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Philadelphia

(State)

Penna

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Richard J. Ruck

ADDRESS

5305 Harford Road.

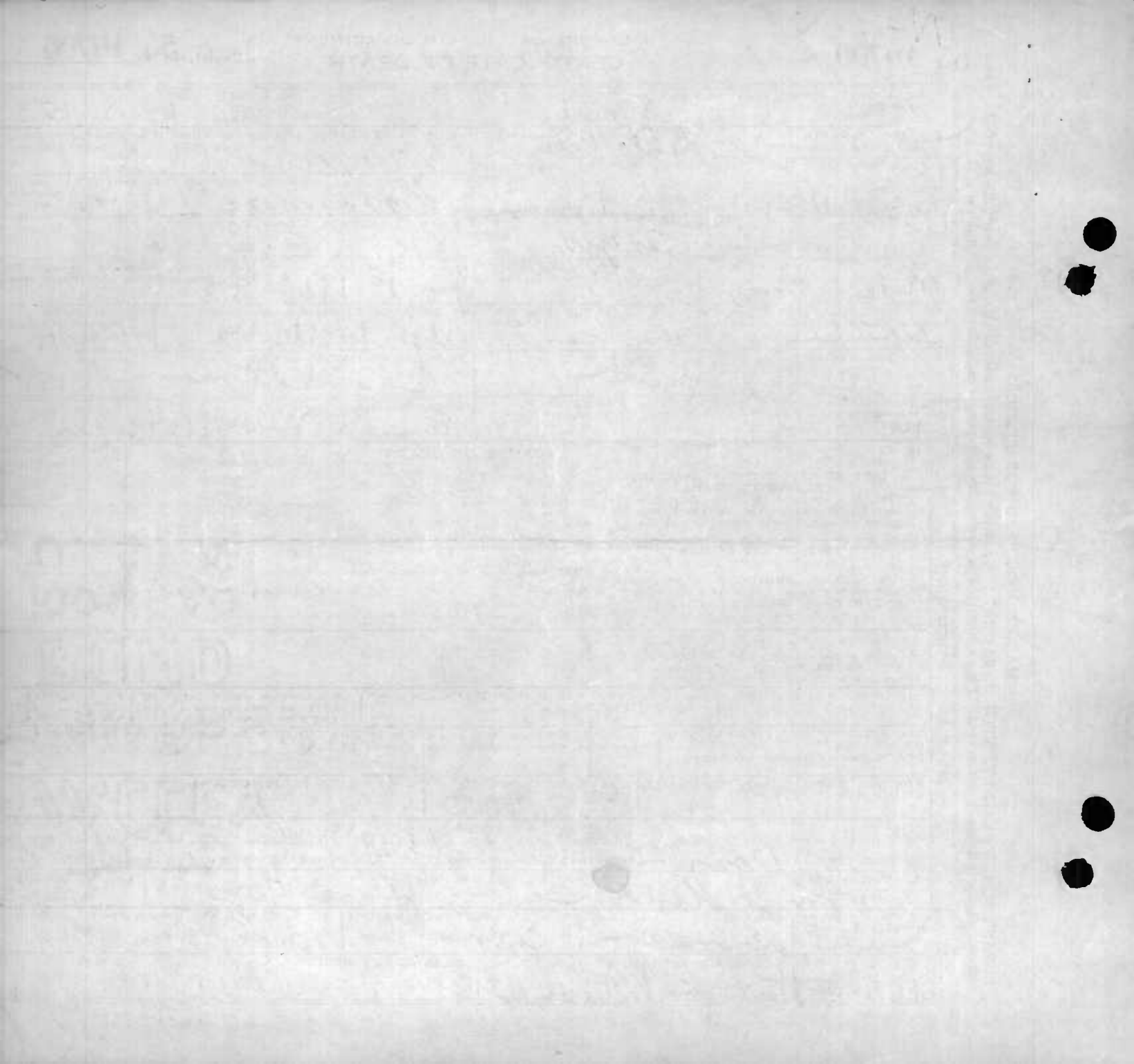
Dr. Gordon
300 E. North Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-100 53 10700 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10700	
1. NAME OF DECEASED (Type or Print) <i>John Newby</i>			2. DATE OF DEATH <i>12-2-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Sinai Hospital of Baltimore Inc</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-04 #5</i>		
D. STREET ADDRESS (if rural, give location) <i>1709 E Eager St</i>			E. DATE OF BIRTH <i>Jan. 19, 1900</i> 53		
F. AGE (In years, last birthday) <i>53</i>			G. Under 1 Year Months: Days H Under 24 Hours Hours Min.		
5. SEX <i>Male</i>			6. COLOR OR RACE <i>Negro</i>		
7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH <i>Jan. 19, 1900</i> 53		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Own Bus.</i>		
13. FATHER'S NAME <i>George Newby</i>			14. MOTHER'S MAIDEN NAME <i>Anna Pittman</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Russell Newby</i>			ADDRESS <i>1409 E. Bldg. St</i>		
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>			CAUSE OF DEATH (A) <i>Uremia</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Cardiac Vascular disease</i>			DUE TO (B) <i>Hypertensive Cardiac Vascular disease</i>		
OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>7</i>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from <i>11-19, 1953</i> to <i>12-2, 1953</i> , that I last saw the deceased alive on <i>12-2, 1953</i> and that death occurred at <i>1:40</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Ray J. Miller</i> M. D.			23B. ADDRESS <i>Sinai Hosp</i>		
23C. DATE SIGNED <i>12/2/53</i>			24A. BURIAL, CREMATION, REMOVAL (Specify)		
24B. DATE <i>12-5-53</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Brooklyn Mt Cemetery</i>		
24D. LOCATION (City, town, or county) <i>Brooklyn Md</i>			25. FUNERAL DIRECTOR <i>Elroy O. Wilson</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 5-1953</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		
VS 150			ADDRESS <i>1000 Brawley and</i>		

97099



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

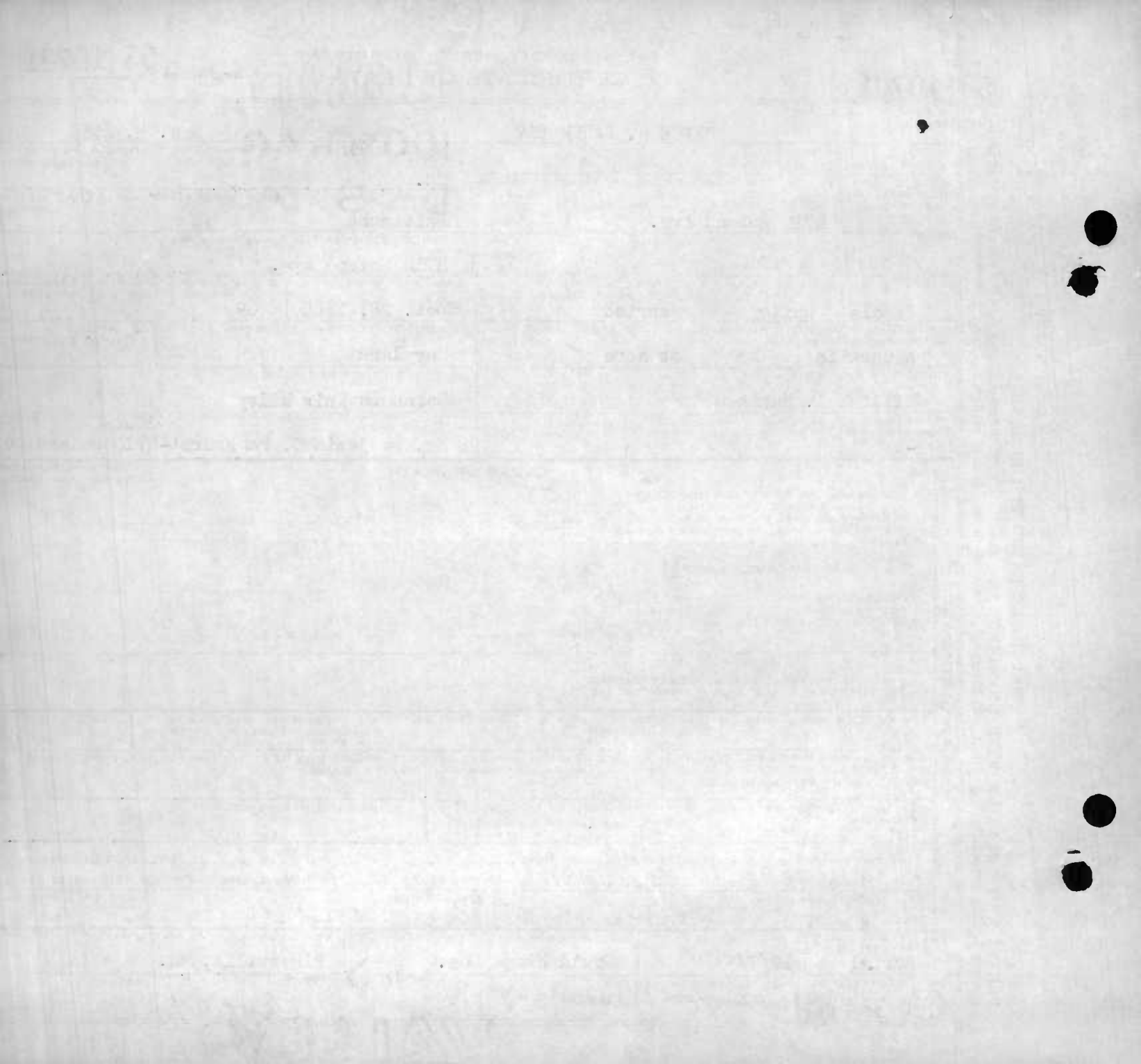
R 626

53 10701

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10701

1. NAME OF DECEASED (Type or Print) GRACE H. PARKHURST			2. DATE OF DEATH Dec. 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4710 Roland Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4710 Roland Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Spet. 28, 1884	9. AGE (In years, last birthday) 69	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME William L. Hubbard			14. MOTHER'S MAIDEN NAME Sarah Levinia Wiley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. Benjamin C. Parkhurst			ADDRESS 4710 Roland Ave		
18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma Lung			INTERVAL BETWEEN ONSET AND DEATH 6 mos		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1946 , 19, to Dec 4, 1953 , that I last saw the deceased alive on Dec 3, 1953 , and that death occurred at 2:30 m., from the causes and on the date stated above.					
23A. SIGNATURE William L. Hubbard		23B. ADDRESS 3006 Roland Ave		23C. DATE SIGNED 12/5/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/7/53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Pikesville, Md.					
DATE RECEIVED BY LOCAL REGISTRAR DEC 5-1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Mrs. J. Lickner & Sons	
				ADDRESS Balto. 17, Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-455
10702
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10702

1. NAME OF DECEASED (Type or Print) Rullman, Elisabeth E.		2. DATE OF DEATH 12/3/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Halethorpe #27	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4501 Ridge Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10/28/80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk - Payroll		9. AGE (In years last birthday) 73	
10B. KIND OF BUSINESS OR INDUSTRY Hosp.		11. BIRTHPLACE (State or foreign country) Washington, D.C.	
13. FATHER'S NAME Frederick Rullman		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		14. MOTHER'S MAIDEN NAME Alice Elliott	
16. SOCIAL SECURITY NO. 218-30-5766A		17. INFORMANT ADDRESS Miss Edna Rullman-4501 Ridge Ave.	
18. 463X and 273X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pneumonia		CAUSE OF DEATH (A) Pneumonia DUE TO (B) Phlebotomy of left lower extremity DUE TO (C) Alcohol abuse - Meningeal - Brain	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH approx. 12 days	
19A. DATE OF OPERATION 12-3-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/21 , 19 53 , to 12-3 , 19 53 , that I last saw the deceased alive on 12-3 , 19 53 , and that death occurred at 9:45 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Edna Rullman		23B. ADDRESS St. Agnes Hospital	23C. DATE SIGNED 12-3-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/7/53	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 5-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Dickner & Sons
VS 150		ADDRESS Balto. 17, Md.	

3908T

U.S. A. 100
BOND
OFFICE
VALLEY

H 300
2 53 10703BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10703
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanche Hyatt

2. DATE
OF
DEATH

December 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore City

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)Lutheran Hospital
730 Ashburton Str. Baltimore Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

15-12

D. STREET ADDRESS (If rural, give location)

3738 Park Heights Ave.

E. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

October 6, 1920

9. AGE (In years
last birthday)

33

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

office manager

10B. KIND OF BUSINESS OR
INDUSTRYPoland Bros.
Baltimore Md.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Late Max Hyatt

14. MOTHER'S MAIDEN NAME

Ethel Sussman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-01-511

17. INFORMANT (Hospital records) ADDRESS

Lutheran Hospital, Baltimore Md.

18. 443X and 260X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Kimmelstiel-Wilson's syndrome unknown

DUE TO Hypertensive arteriosclerotic cardio-

(C) vascular disease and diabetes mellitus unknown

INTERVAL BETWEEN
ONSET AND DEATH

3 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 1, 1953 to December 3, 1953, that I last saw the
deceased alive on December 3, 1953, and that death occurred at 3:20 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Rudolph M. Zander M.D. asst. state
resident M. D.

23B. ADDRESS

60 Lutheran Hospital
730 Ashburton Str. Baltimore Md.

23C. DATE SIGNED

12-3-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/6/53

24C. NAME OF CEMETERY OR CREMATORY

Greater Balto. Lodge

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Sol. Levinson + Bros.

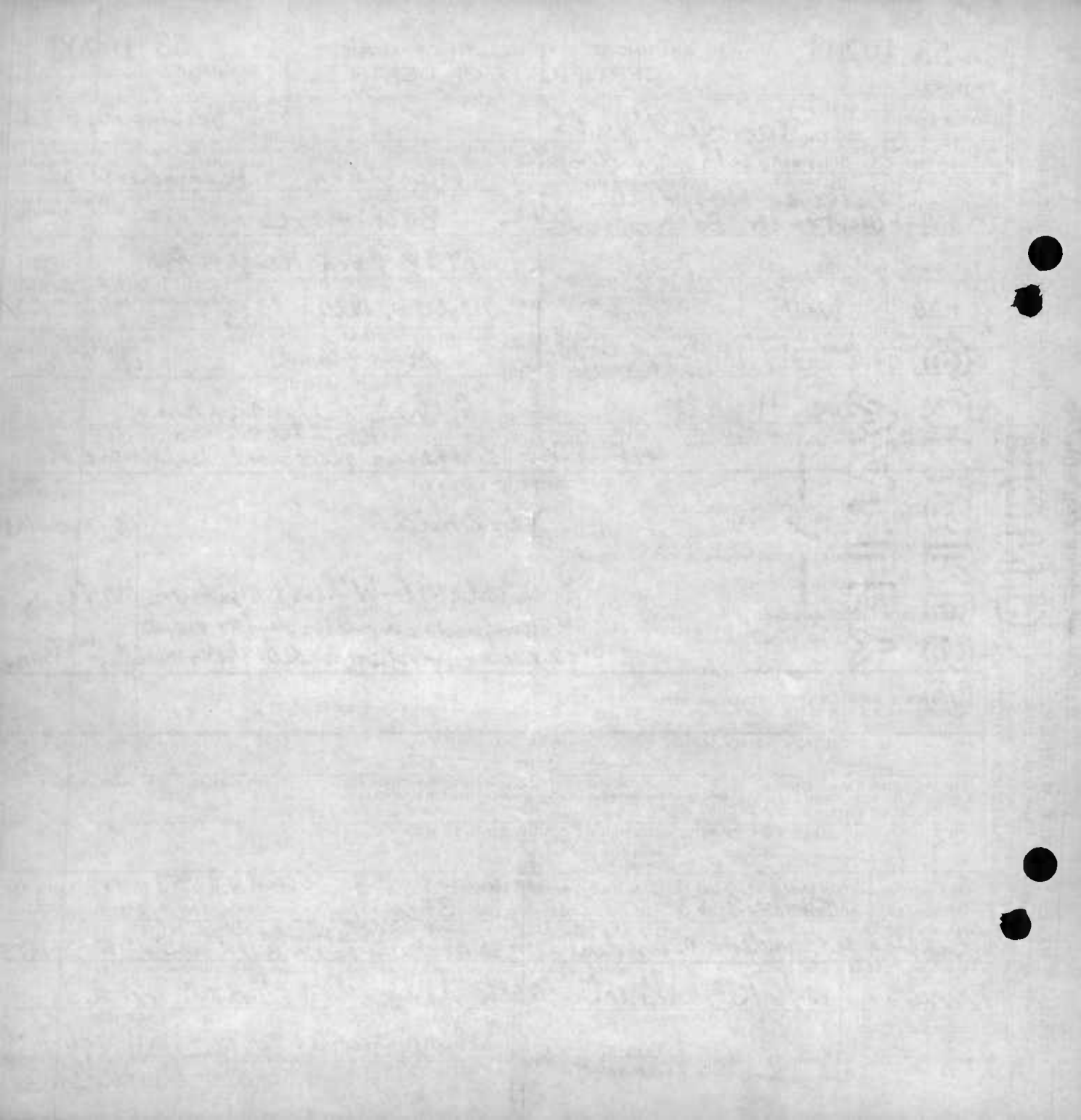
ADDRESS

- 1124 - 26 W.

North Ave

VS 1503

2904K

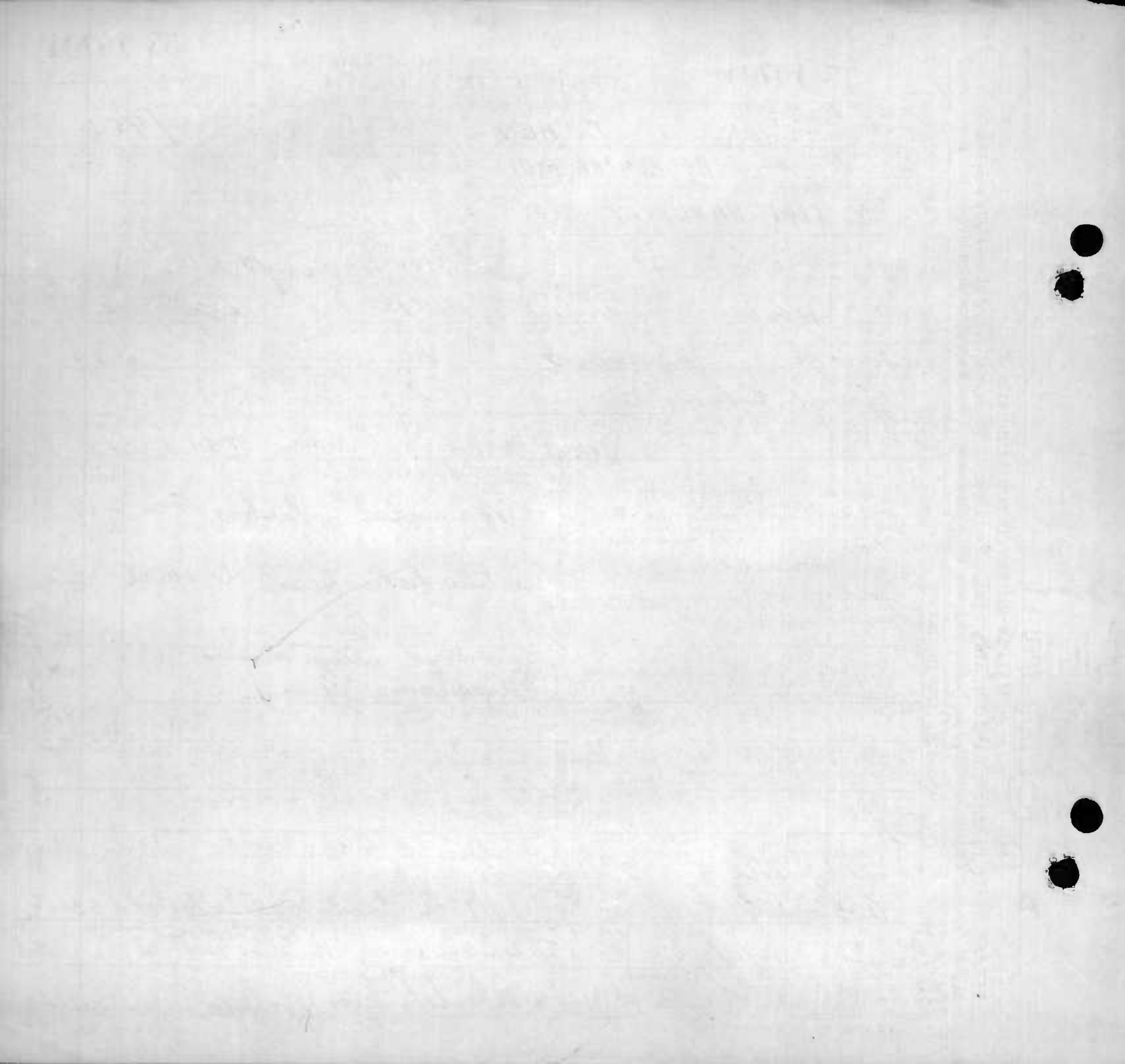


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

C-500		BALTIMORE CITY HEALTH DEPARTMENT		53 10704	
53 10704		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.				2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print) CHARLES COHEN				12/5/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE MD.				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 3101 BANCROFT RD.				B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 27-20				D. STREET ADDRESS (If rural, give location) 3101 Bancroft Rd.	
c. Length of stay in Baltimore 30				Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5/18/88	9. AGE (In years, last birthday) 65	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage			10B. KIND OF BUSINESS OR INDUSTRY Superior		11. BIRTHPLACE (State or foreign country) Russia
13. FATHER'S NAME Jacob Cohen			14. MOTHER'S MAIDEN NAME Sophia ?		12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. 212-16-9081		17. INFORMANT ADDRESS Samuel Cohen 3859 Forest Park Ave
18. 42010 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Myocardial infarction DUE TO Antecedent Causes Antecedent Heart Disease DUE TO Generalized arteriosclerosis Polycythemia Vera OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH 1 hr. 5 yr. 50 yr.	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 5, 1953 to Dec 5, 1953, that I last saw the deceased alive on Dec 5, 1953 and that death occurred at 1 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Stanley Cohen		23B. ADDRESS 7306 Liberty Road - Balto 7241		23C. DATE SIGNED 5 Dec 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/6/53		24C. NAME OF CEMETERY OR CREMATORY Beth Tfeloh Cemetery	
24D. NAME OF CEMETERY OR CREMATORY Winchester Hill Rd.		24E. ADDRESS 1126 M. North Ave		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Zof Deenars Bros	
VS 150					

29083



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 10705**

BIRTH NO. **53-23149**

1. NAME OF DECEASED
(Type or Print)

GARY

LEE

KOCH

2. DATE OF DEATH
12-3-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **20-06**

D. STREET ADDRESS (If rural, give location)

2830 Frederick Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Sept. 20, 1953

9. AGE (In years last birthday)

10. Under 1 Year
Months: 2 Days: 13

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

Shirley Koch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Miss Shirley Koch, 1430 Decator Street

18. **492x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Interstitial pneumonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Joseph T. Gordin M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
12-3-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/7/53

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Towson,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

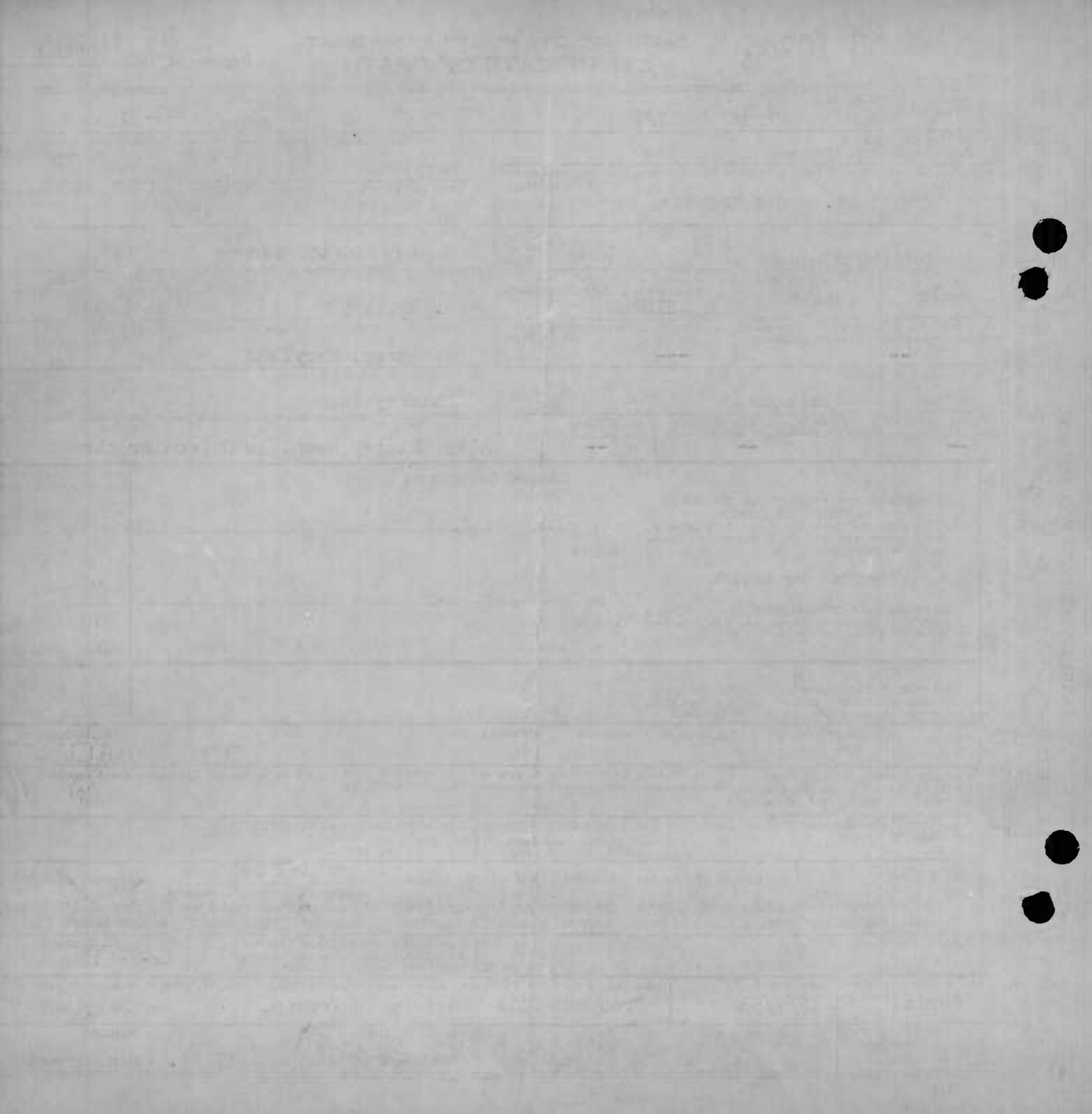
Huntington Williams

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

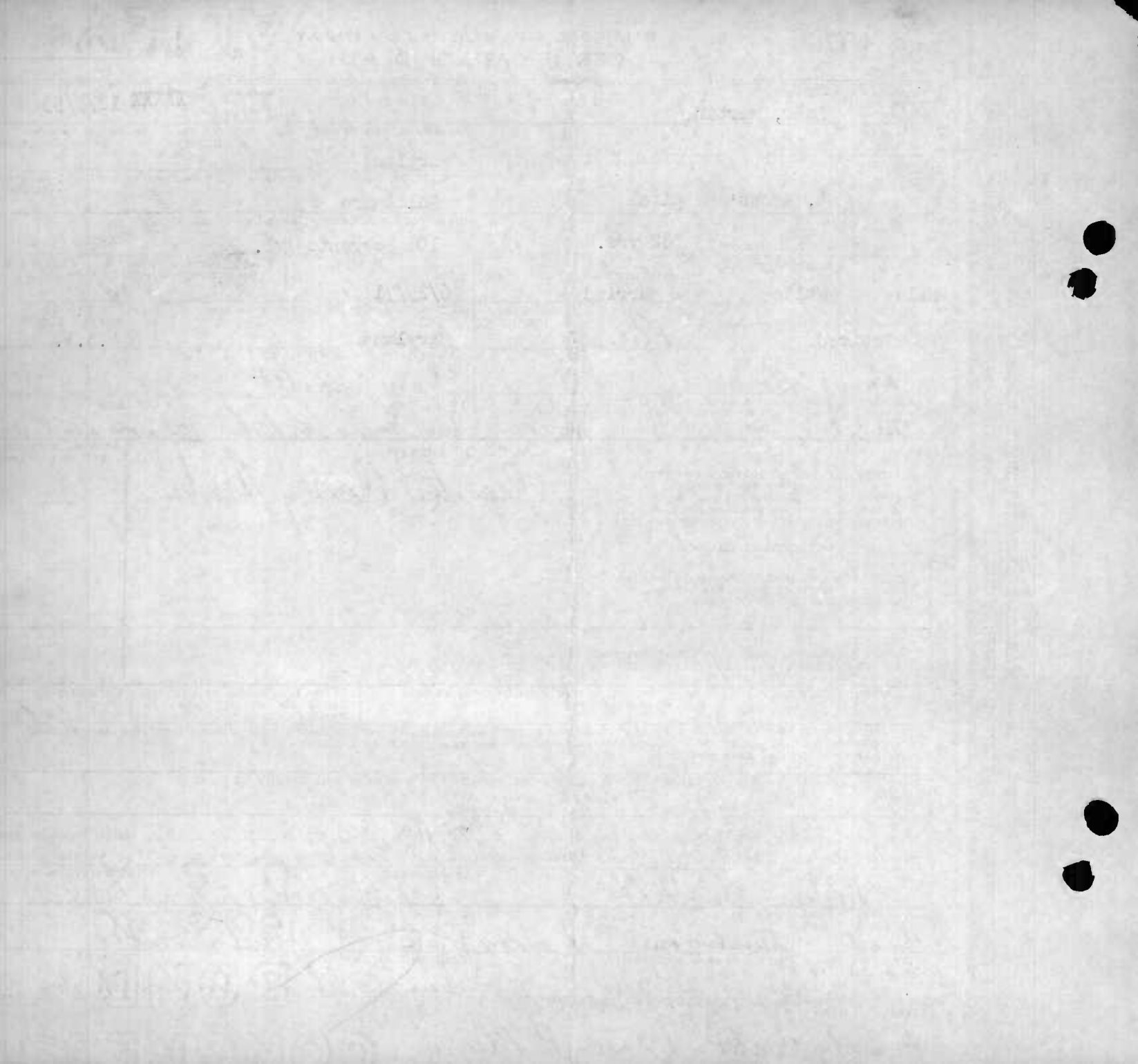


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 10706			
1. NAME OF DECEASED (Type or Print) Lohr, Martin								2. DATE OF DEATH 12/4/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland								4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes' Hospital								C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 82 yrs.								D. STREET ADDRESS (If rural, give location) 108 Sorrento Ave.			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6/29/71		9. AGE (In years last birthday) 82		If Under 1 Year: Months 5 Days 5 If Under 24 Hours: Hours 5 Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10B. KIND OF BUSINESS OR INDUSTRY Florist				11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Lohr				14. MOTHER'S MAIDEN NAME Mary Speth				17. INFORMANT ADDRESS Mrs. Emma E. Lohr 108 Sorrento Ave.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		18. CAUSE OF DEATH Repeated Bronchial Thromboses				INTERVAL BETWEEN ONSET AND DEATH			
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1											
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)											
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION 0				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10 PM 12-4, 1953 , to PM 12-4, 1953 , that I last saw the deceased alive on 12-4, 1953 , and that death occurred at 2:50 p. m. , from the causes and on the date stated above.											
23A. SIGNATURE St. Agnes Hospital				23B. ADDRESS St. Agnes Hospital				23C. DATE SIGNED 12-4-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE December 7, 1953		24C. NAME OF CEMETERY OR CREMATORY London Park		24D. LOCATION (City, town, or county) (State) Baltimore Md.					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams				25. FUNERAL DIRECTOR ADDRESS George L. Schwab 2201 Frederick Ave.					
Family doctor: Damien P. Flagia											



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 000 53 10707		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10707	
BIRTH NO. 53-29806		Registered No.			
1. NAME OF DECEASED (Type or Print)		Feihe		2. DATE OF DEATH 12/5/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MD		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 34 Bon Secours Hospital		C. CITY OR TOWN BALTIMORE, 18 9-01		D. STREET ADDRESS (If rural, give location) 3945 GREENMOUNT AVE	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX MALE	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 12-5-53	9. AGE (In years last birthday) Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME CHARLES Feihe		14. MOTHER'S MAIDEN NAME FRANCES ROUCHARD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. 761.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Anoxia DUE TO (B) Premature Separation of Placenta + Prematurity (C)		INTERVAL BETWEEN ONSET AND DEATH 6 1/2 hrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? B		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 12/5/53 19, to 12/5/53, 19, that I last saw the deceased alive on 6 AM 12/5, 1953, and that death occurred at 10:30 A. m., from the causes and on the date stated above.					
23A. SIGNATURE A.C. Knight		23B. ADDRESS M. D. Bon Secours Hosp.		23C. DATE SIGNED 12/5/53	
24A. BURIAL, CREMATION REMOVAL (Specify)		24B. DATE 12/6/53		24C. NAME OF CEMETERY OR CREMATORY St Charles Pikesville Md	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 6 - 1953		24F. REGISTRAR'S SIGNATURE F. H. Williams, M.D.	
25. FUNERAL DIRECTOR ADDRESS Pikesville, Md.					

CERTIFICATE OF DEATH

VALLEY
CONGREGATIONAL
BOND

MARGIN RESERVED FOR BINDING

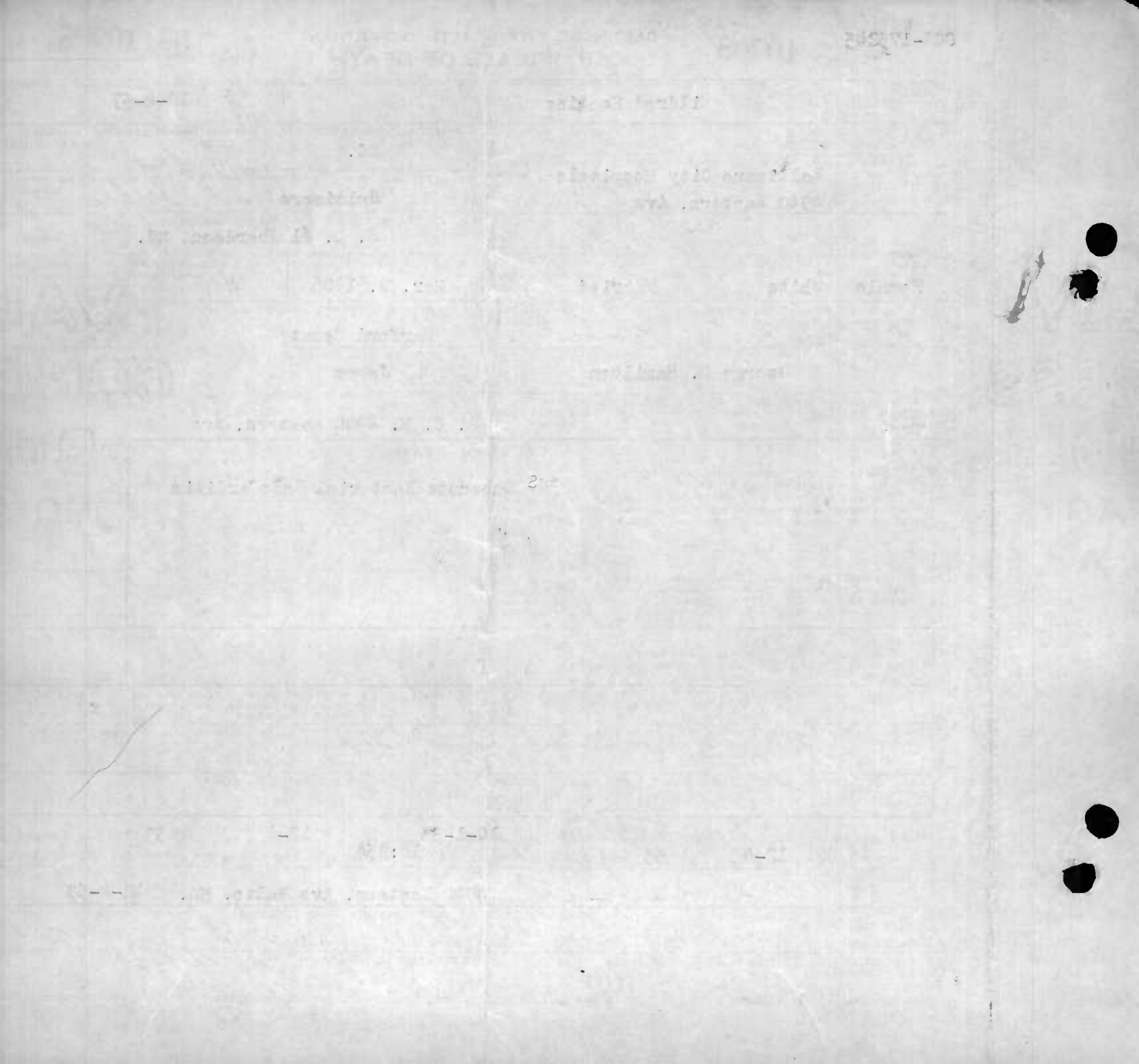
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4-123
CCG-175245
53 10708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10708
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mildred Hopkins		2. DATE OF DEATH 12-4-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Harford		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Rural Aberdeen	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hospitals location) 4940 Eastern, Ave		D. STREET ADDRESS (If rural, give location) R. D. #1 Aberdeen, Md.		6200	
c. Length of stay in Baltimore Yrs. Mos. Days		5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 2, 1906		9. AGE (In years last birthday) 47 If Under 1 Year Months Days If Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Harford County	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George H. Hamilton		14. MOTHER'S MAIDEN NAME Cornelia James	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no		17. INFORMANT B. C. H. 4940 Eastern, Ave	
18. 430.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) SUB Subacute Bacterial Endocarditis		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 10-1-53 , 19 53 , to 12-4 , 19 53 that I last saw the deceased alive on 12-4 , 19 53 , and that death occurred at 10:25 A.M. , from the causes and on the date stated above.		23A. SIGNATURE H. J. Williams M. D.	
23B. ADDRESS 4940 Eastern, Ave Balto. Md.		23C. DATE SIGNED 12-4-53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 12-7-1953		24C. NAME OF CEMETERY OR CREMATORY Smith's Chapel		24D. LOCATION (City, town, or county) (State) Harford Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE H. J. Williams		25. FUNERAL DIRECTOR W. Madison Mitchell	
ADDRESS Harford Co. Md.					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-552
53 10709

CERTIFICATE CORRECTED 12-22-59

53 10709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hollie T. Tomanus, Julia Eleanor

2. DATE
OF
DEATH

12/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

1311 Colvercroft Road

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Luthuan Hospital of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 12 Maryland

D. STREET ADDRESS (If rural, give location)

27-38

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/23/01

9. AGE (In years
last birthday)

52

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

ILLINOIS

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Gaitheer

14. MOTHER'S MAIDEN NAME

Cecile B. Abbs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 420.1 and 260x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Pulmonary edema

DUE TO

Myocardial infarction, Fibrosis
Pericarditis

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

2 days

2 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from 11/30/53, 19__, to 12/3/53, 19__, that I last saw the
deceased alive on 12/3/53, 19__, and that death occurred at 7:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Cecile B. Abbs

23B. ADDRESS

Luthuan Hospital

23C. DATE SIGNED

12/4/53

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

15
12/4/53

Parkwood

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

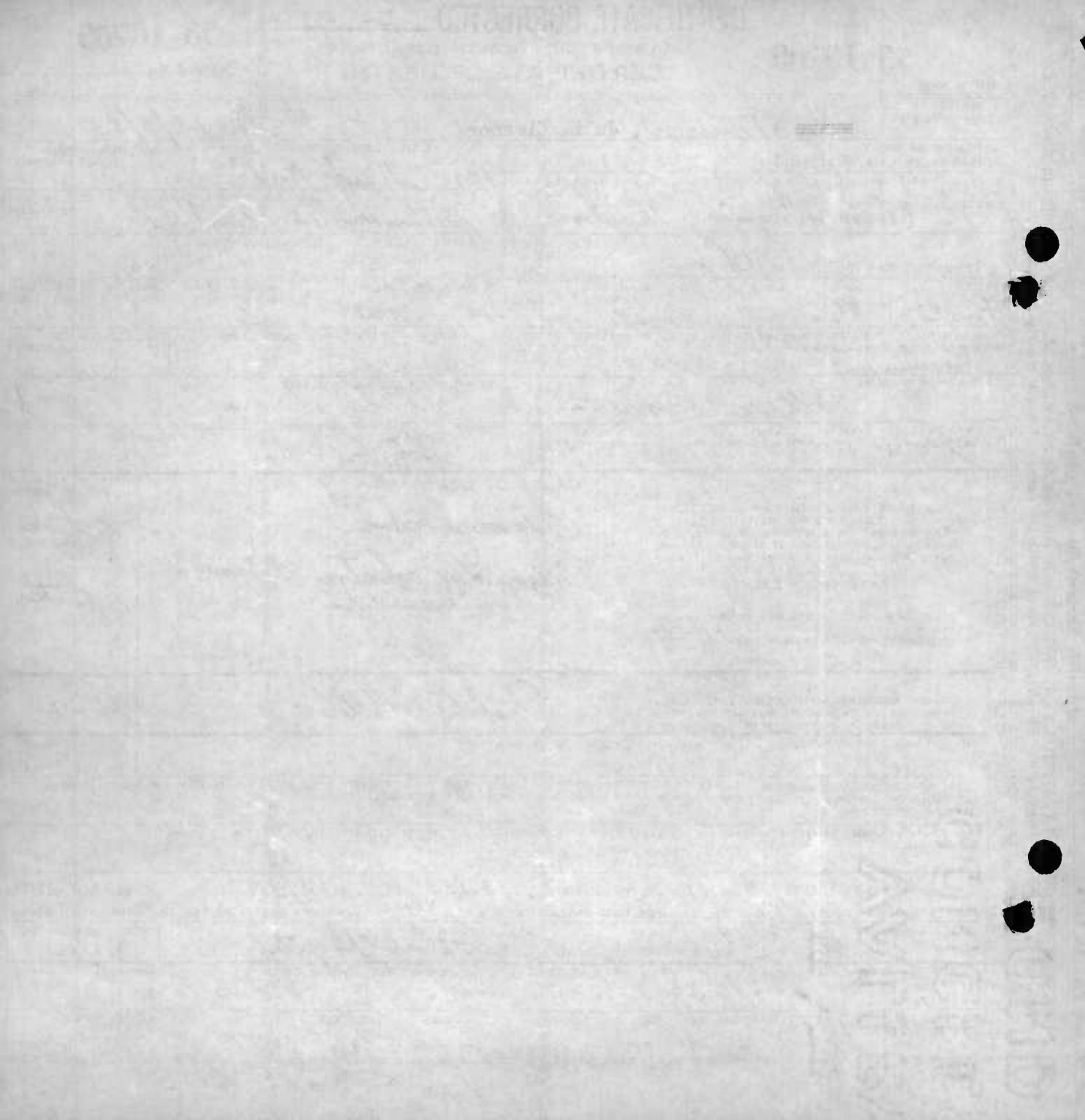
ADDRESS

J. H. Williams

J. H. Williams

30 E. Fort Ave.

DEC 6 - 1953



B-620

53 10710

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10710
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)BRASH, Irvin J. (ALSO KNOWN AS
ISIDOR BRASH)2. DATE
OF
DEATH

3 Dec 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

BALTIMORE

28-04

D. STREET ADDRESS (If rural, give location)

516 GLEN ALLEN DRIVE

c. Length of stay in Baltimore

50

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
MARRIED10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

PANTS MFG.

8. DATE OF BIRTH

NOV. 15, 1892

9. AGE (in years
last birthday)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SAMSON BRASH

14. MOTHER'S MAIDEN NAME

LEAH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

GLADYS BRASH- 516 GLEN ALLEN DRIVE

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Stomach and Esophagus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Nov 1953, to 3 Dec 1953, that I last saw the
deceased alive on 3 Dec 1953, and that death occurred at 7:20 pm., from the causes and on the date stated above.

23A. SIGNATURE

Donald B. Broering

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

3 Nov 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/6/1953

24C. NAME OF CEMETERY OR CREMATORY

Curlington

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams & Co. Jack Lewis Inc. - 2100 Eutaw Place

16 VS 150 1533

29046

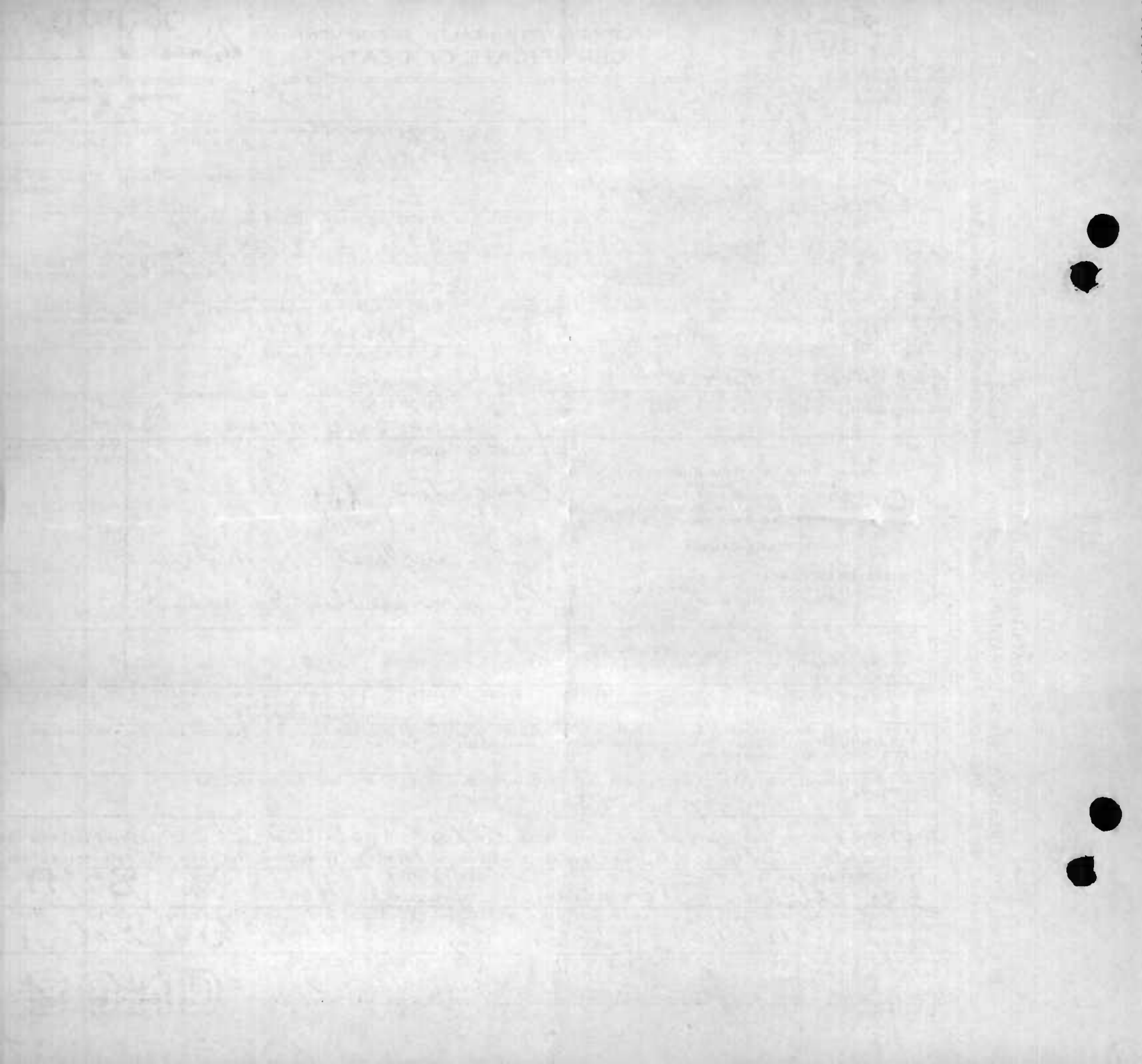
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-520 53 10711				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10711 Registered No.	
BIRTH NO.				1. NAME OF DECEASED (Type or Print) EVA FINK		2. DATE OF DEATH 12/4/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Linai Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.		27-18	
42 c. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 4871 EDGEHURST AVE			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH OCT. 29, 1886		9. AGE (In years last birthday) 67 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY PRACTICAL NURSE		11. BIRTHPLACE (State or foreign country) BALTO. MD		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ABRAHAM SOLOMON				14. MOTHER'S MAIDEN NAME ANN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT LEAH SWICKERMAN		ADDRESS SAME	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Congestive Heart Failure DUE TO (B) Arteriosclerotic Hypertensive DUE TO (C) Cardiovascular Disease				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/3 , 19 53 to 12/4 , 19 53 that I last saw the deceased alive on 12/4 , 19 53 , and that death occurred at 12:40 p. m., from the causes and on the date stated above.							
23A. SIGNATURE William Storman M. D.				23B. ADDRESS Linai Hospital		23C. DATE SIGNED 12/4/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/6/1953		24C. NAME OF CEMETERY OR CREMATORY Wash. Ref.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Eutaw Pl.	

DEC 6 1953
VS 150

7818A



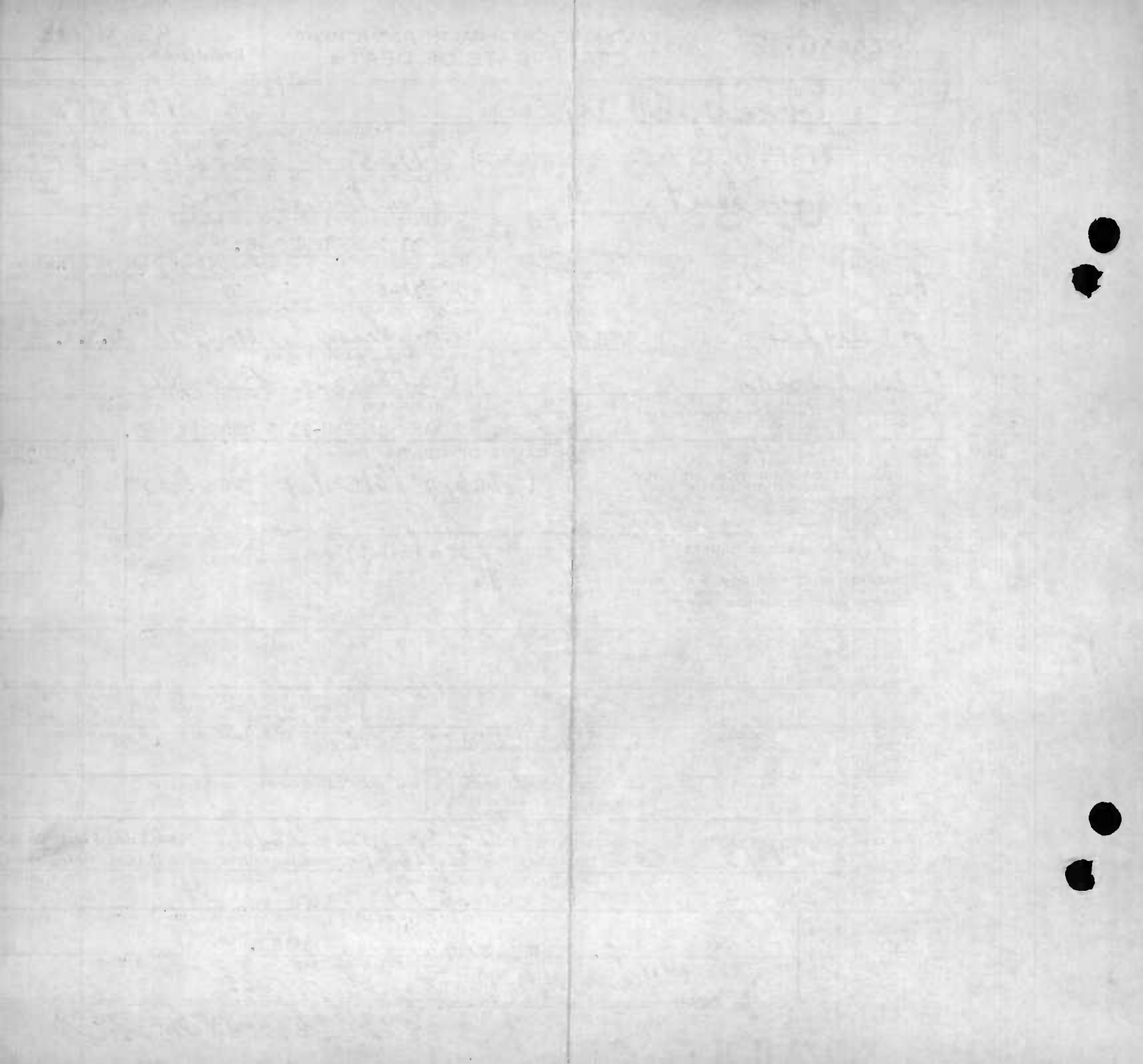
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10712	
1. NAME OF DECEASED (Type or Print) Maggie Carter				2. DATE OF DEATH 12/3/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 1125 N. Woodyear St B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 39 Provident 40				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Maryland			
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 1125 WOODYEAR ST. 16-02			
5. SEX Fe	6. COLOR OF RACE Col	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 7/2/1896	9. AGE (In years last birthday) 57	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H wife		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (State or foreign country) Bowling Green, Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Catherine Beverly			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT ADDRESS HOWARD CARTER-1125 WOODYEAR ST.			
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebro Vascular Accident DUE TO Hypertension ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/2 , 19 53 to 12/3 , 19 53 that I last saw the deceased alive on 12/3 , 19 53 and that death occurred at 12:50 PM. , from the causes and on the date stated above.							
23A. SIGNATURE Joseph Layman				23B. ADDRESS 1514 Division St		23C. DATE SIGNED 12/3/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/6/53		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY		24D. LOCATION (City, town, or county) (State) BALTO. MD	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE William H. Williams, M.D.		25. FUNERAL DIRECTOR Has [Signature]		ADDRESS 512 Carrollton	

DEC 6 - 1953
VS 150

7206A



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-252 53 10713		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10713 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Alice Caroline Meekins.			Dec 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE		
3902 Southern Ave.			Maryland		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)		
Life			Baltimore		
D. STREET ADDRESS (If rural, give location)			4610 Garrison Ave.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year
Female	White	Widow	Jan 1, 1873	80	Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
None				Maryland.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Samuel Phillips.		Liza J. Aaron.		U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				James Gibson, 3813 Hickory Ave.	
18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			Cardiac arrest		
			Few mins		
			Upper respiratory infection		
			1 week		
			Generalized arteriosclerosis		
			Few yrs.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 1953, to Dec. 4, 1953, that I last saw the deceased alive on Dec. 4, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Louis E. Wice		920 St. Paul St.		Dec. 5, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Dec 7, 1953		Lorraine Park.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR ADDRESS		24F. FUNERAL DIRECTOR ADDRESS	
Windsor Mill Rd, Md.		25. FUNERAL DIRECTOR ADDRESS		25. FUNERAL DIRECTOR ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
DEC 6 - 1953		[Signature]		25. FUNERAL DIRECTOR ADDRESS	
VS 150		[Signature]		25. FUNERAL DIRECTOR ADDRESS	

WILLIAMS

Miss Caroline Williams. Dec 1, 1902

Widow

Widow

Widow

Widow

Widow

Widow

James D. Williams. Dec 1, 1902

Widow. Dec 1, 1902

W-524 CERTIFICATE CORRECTED 12-9-53

53 10714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FRANK. L. Winkler

2. DATE
OF
DEATH

Dec-2-1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2013 Ramsay Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1886 July 9-1886

9. AGE (In years,
last birthday)

67 6-8

At Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Boiler Maker - U.S. 9007

10B. KIND OF BUSINESS OR
INDUSTRY

Boiler Maker - U.S. 9007

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Winkler

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None Jennie R. Winkler

17. INFORMANT

Jennie R. Winkler

ADDRESS

Sum

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

4 days

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1953 to Dec. 2, 1953 that I last saw the
deceased alive on Dec. 2, 1953, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Harris B. Schreier M.D.

23B. ADDRESS

54 S. Fulton Ave.

23C. DATE SIGNED

12-4-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial Dec 7/53

24B. DATE

Dec 7/53

24C. NAME OF CEMETERY OR CREMATORY

Hendon Rd

24D. LOCATION (City, town, or county)

Barto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

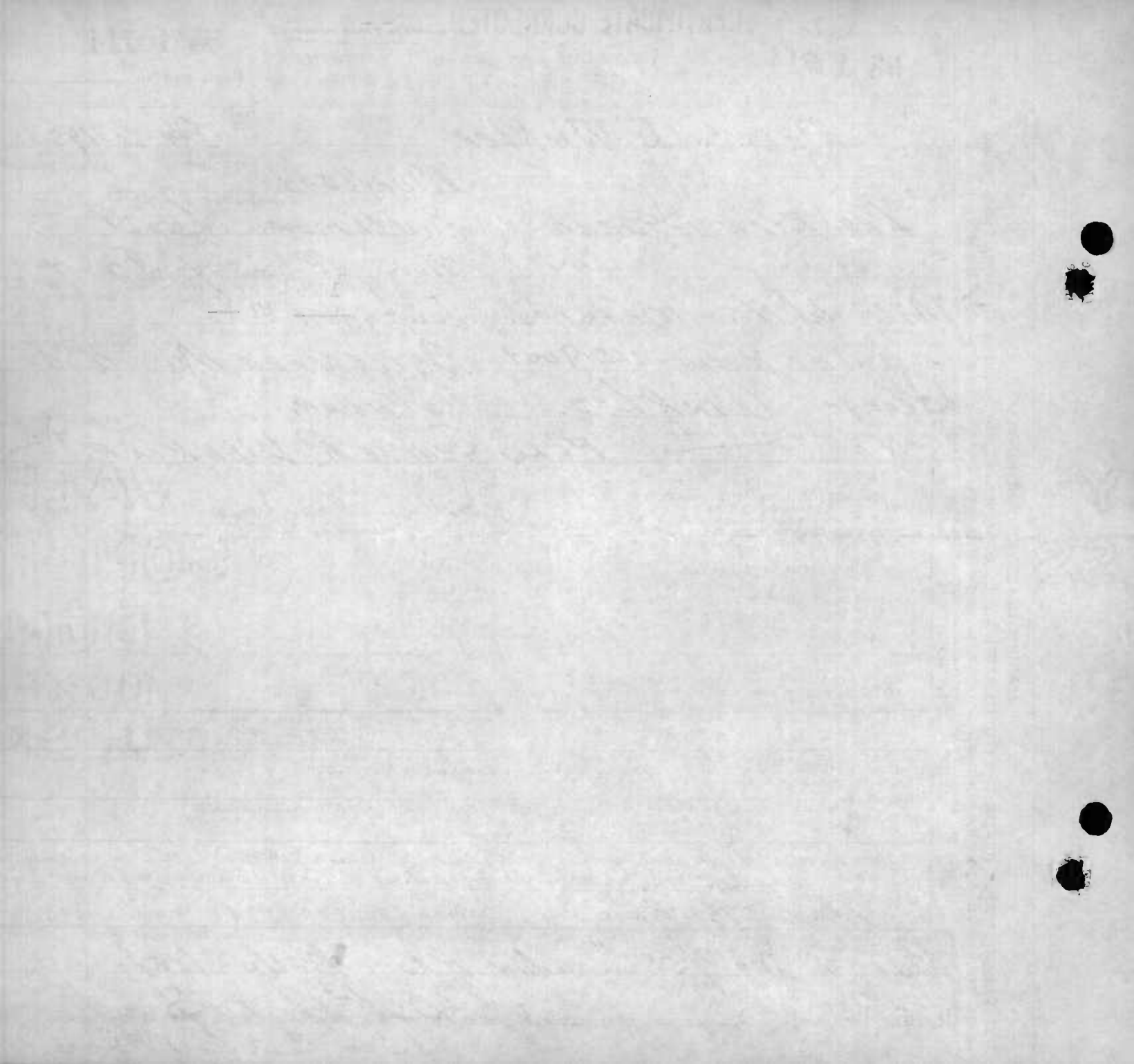
DEC 6 - 1953

VS 150

49091 1900 Entom Place 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10715

BIRTH NO. *None*1. NAME OF DECEASED
(Type or Print)*Shirley Ann Hunter*2. DATE
OF
DEATH*Dec 5 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

c. Length of stay in Baltimore

None

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

unknown

9. AGE (in years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Calvert County Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Eli Hunter Md

14. MOTHER'S MAIDEN NAME

Estelle Chase Md

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Eli Hunter Calvert County Md*18. *E916.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *2nd and 3rd Degree Burns*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *50% of Body*

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Mt. Hope, Calvert County, Maryland

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Dec. 5, 1953 9:00

A.M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR? *Conflagration - Pot on kerosene stove boiled over*22. I certify that I took charge of the remains described above, held an *Inspection of Injury* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

William Updegraff

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

Dec 6 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/7/53

24C. NAME OF CEMETERY OR CREMATORY

Calvert County

24D. LOCATION (City, town, or county) (State)

Calvert Co. Md

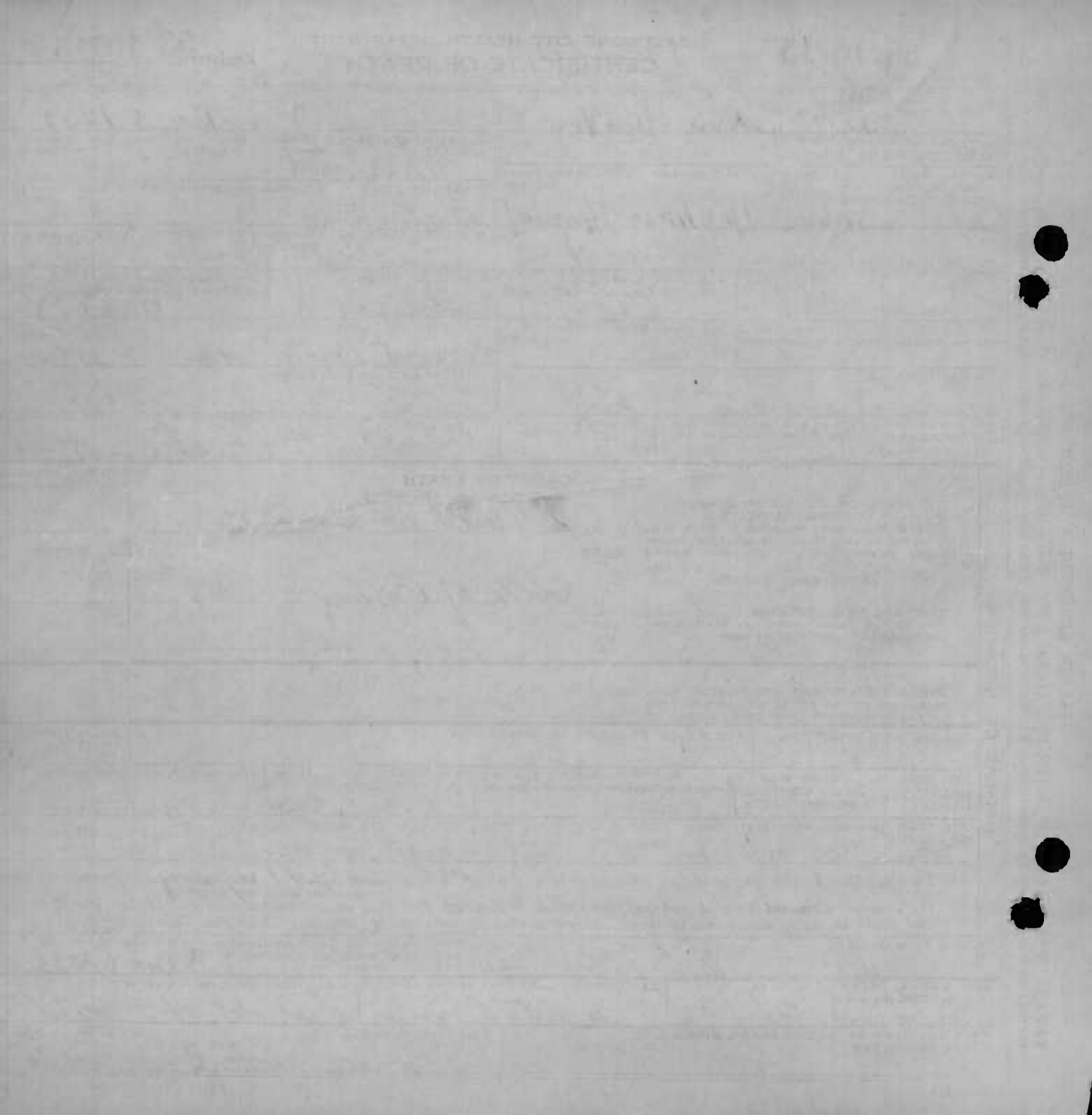
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Prudence Dewell, Prudence Frederick Md



MARGIN RESERVED FOR BINDING

PLEASE WRITE PRECISELY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age in respect to the deceased is important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 12-9-53

N-215
53 10716

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

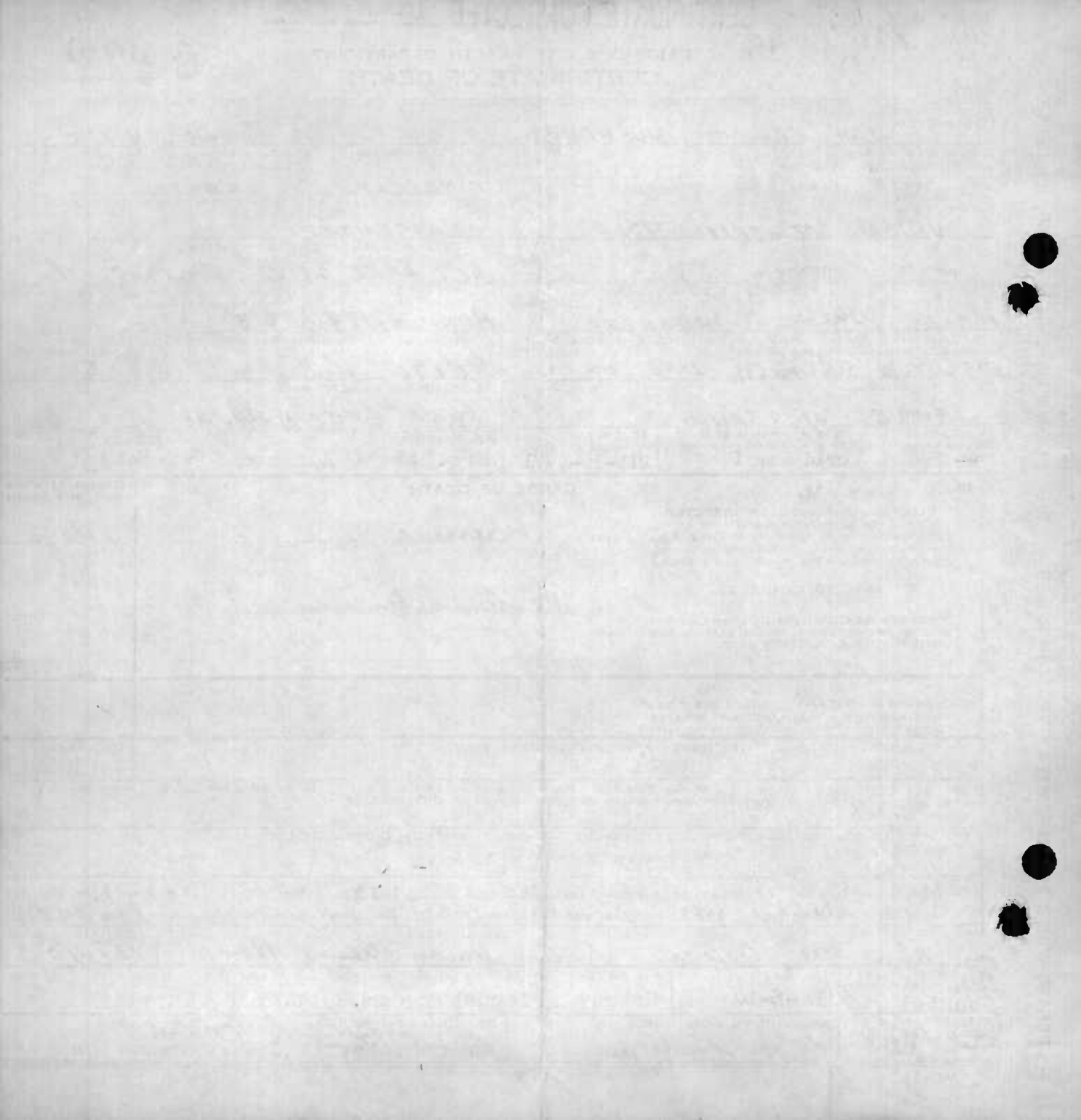
53 10716
Registered No.

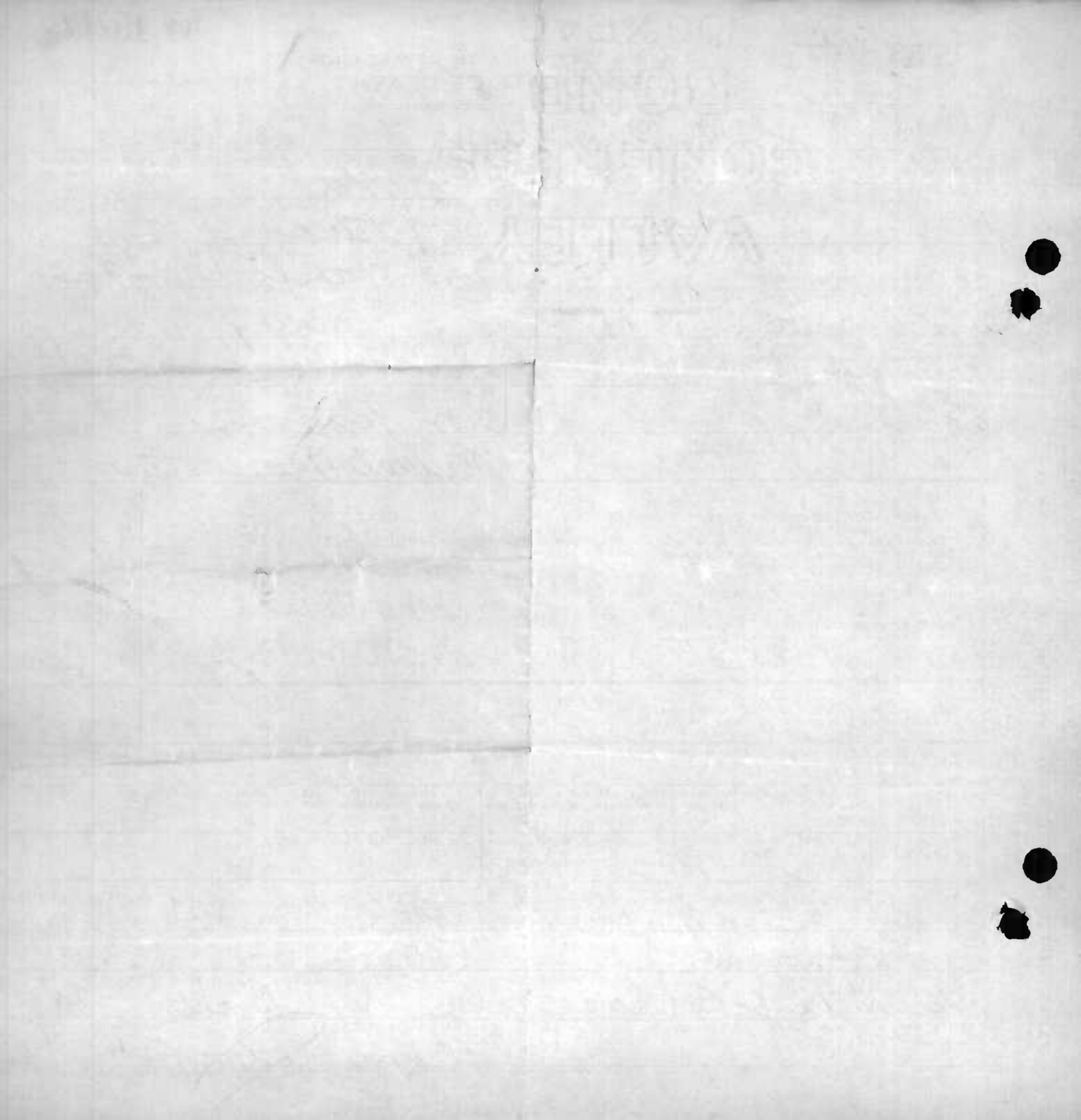
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAY SAMUEL NUSBAUM			2. DATE OF DEATH DEC. 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO C. CITY OR TOWN BALTIMORE (If outside corporate limits, write RURAL and give township) 13-01 D. STREET ADDRESS (If rural, give location) 901 LAKE DRIVE, BALTO 17, Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.			5. Yrs. 44 6. Length of stay in Baltimore 63 7. SEX MALE 8. COLOR OR RACE WHITE 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXECUTIVE, SUNLIFE INS.			10B. KIND OF BUSINESS OR INDUSTRY LIFE INS. CO.		
11. BIRTHPLACE (State or foreign country) BALTO. MD.			12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME SAMUEL NUSBAUM			14. MOTHER'S MAIDEN NAME LENA GREEN NBAUM		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no Yes World War I			16. SOCIAL SECURITY NO. 215-10-9971		
17. INFORMANT Mrs. Bertha Nusbaum-Riviera Apt			ADDRESS		

18. 446X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Uremia DUE TO (B) Nephrosclerosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 2 days
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from DEC. 2 , 1953 to DEC. 4 , 1953 that I last saw the deceased alive on Dec. 4 , 1953, and that death occurred at 340 Pm., from the causes and on the date stated above.					
23A. SIGNATURE Paul M. Allice		23B. ADDRESS Union Mem. Hosp		23C. DATE SIGNED 12/4/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12-6-53		24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cem. Baltimore, Maryland	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR David R. Martin		ADDRESS David R. Martin, 1902 Eutaw Place	



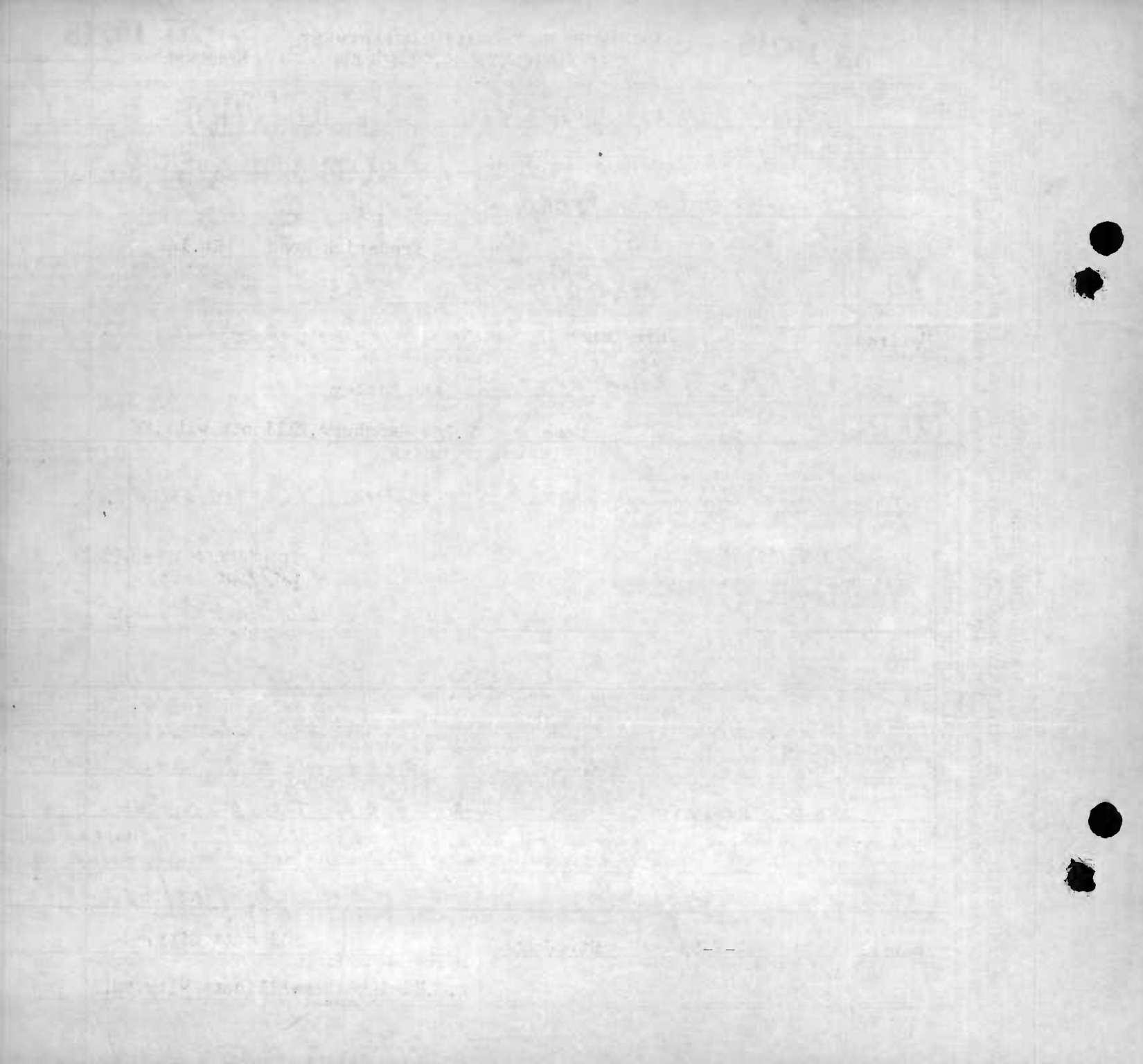


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10718	
1. NAME OF DECEASED (Type or Print) RAMSBURG, ALVA S.		2. DATE OF DEATH 12-5-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY How			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ellicott City			
C. Length of stay in Baltimore 15 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Frederick Road Rt. 144			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1865	9. AGE (In years last birthday) 88	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME URIAS Ramsburg		14. MOTHER'S MAIDEN NAME Ann Staley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS H. Lee Ramsburg, Ellicott City, Md	
18. 472.1 and E962.0 CAUSE OF DEATH		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Arteriosclerotic Cardiovasc. disease			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) CERTIFICATION APPROVED BY			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) Fracture Femur		CHIEF OR ASST. MEDICAL EXAMINER	
19A. DATE OF OPERATION Nov. 29/1950	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Frederick Road, Ellicott City.			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 29/1950	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell TO Floor			
22. I hereby certify that I attended the deceased from 12-1 , 19 53 to 12-5 , 19 53 that I last saw the deceased alive on 12-5 , 19 53 and that death occurred at 1:40 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Shanley M. D.		23B. ADDRESS University Hosp.		23C. DATE SIGNED 12-5-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-8-53	24C. NAME OF CEMETERY OR CREMATORY St. Johns		24D. LOCATION (City, town, or county) (State) Ellicott City, Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS F. O. Miginbothom, Ellicott City, Md.	

N-820.1



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Elizabeth R. Rosazza,

2. DATE
OF DEATH Dec. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3025 Windsor Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 15-47

D. STREET ADDRESS (If rural, give location)

3025 Windsor Ave.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

unknown--- About 75?

9. AGE (in years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Rosazza

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Miss Josephine Rosazza, 3038 Oakford Ave.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary arteriosclerotic heart dis. 20 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary arteriosclerosis 20 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Semiility

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1952, to Dec. 4, 1953, that I last saw the deceased alive on Dec. 3, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Abraham B. Hurwitz

23B. ADDRESS

2200 Garrison Blvd.

23C. DATE SIGNED

12/ /53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Dec. 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

G. Vernon Lemmon, 4611 Park Heights Ave.

02 10113

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

02 10113

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W-350
53 10720

53 10720

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frances Fannie A. Wooden

2. DATE OF DEATH Dec. 4 '53

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Maryland General Hospital

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

2021 East North Ave

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 8, 1874

9. AGE (in years last birthday)

XX 78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailoring

10B. KIND OF BUSINESS OR INDUSTRY

Greif Bro. Inc.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Wooden

14. MOTHER'S MAIDEN NAME

Wilhelmine, Singer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown)

16. SOCIAL SECURITY NO.

213-09-8621 A

17. INFORMANT

Neighbor

ADDRESS

18. 443X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Arteriosclerotic Cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1953, to Dec. 4, 1953 that I last saw the deceased alive on Dec. 3rd, 1953, and that death occurred at 4:54 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Mary W. H. Chaz

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

Dec. 4 '53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/7/53

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer Cem. Baltimore Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Montgomery Williams, M.D.

25. FUNERAL DIRECTOR

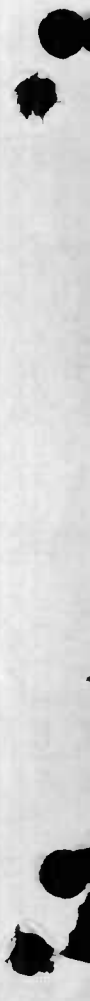
Henry Sander & Sons Inc.

ADDRESS

Baltimore Maryland

Sgt. J. Sander

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R. 300

5310721

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10721

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <u>George F. Reed</u>			2. DATE OF DEATH <u>Dec. 2, 1953</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u> <u>Baltimore, Maryland</u>						4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Baltimore, Maryland</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>24 S. Curley St.</u>						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>1-02</u>		
c. Length of stay in Baltimore Yrs. Mos. Days						D. STREET ADDRESS (If rural, give location) <u>24 S. Curley St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan. 29, 1907</u>	9. AGE (In years last birthday) <u>46</u>	11. BIRTHPLACE (State or foreign country) <u>Harford County</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>				10B. KIND OF BUSINESS OR INDUSTRY <u>Bethlehem Steel</u>		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>John Reed</u>				14. MOTHER'S MAIDEN NAME <u>Christina Marl</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Christina Goodheart 24 S. Curley St.</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>(2) Hypertensive Cardiovascular Disease</u> DUE TO <u>Disease</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>(1) Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 m</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

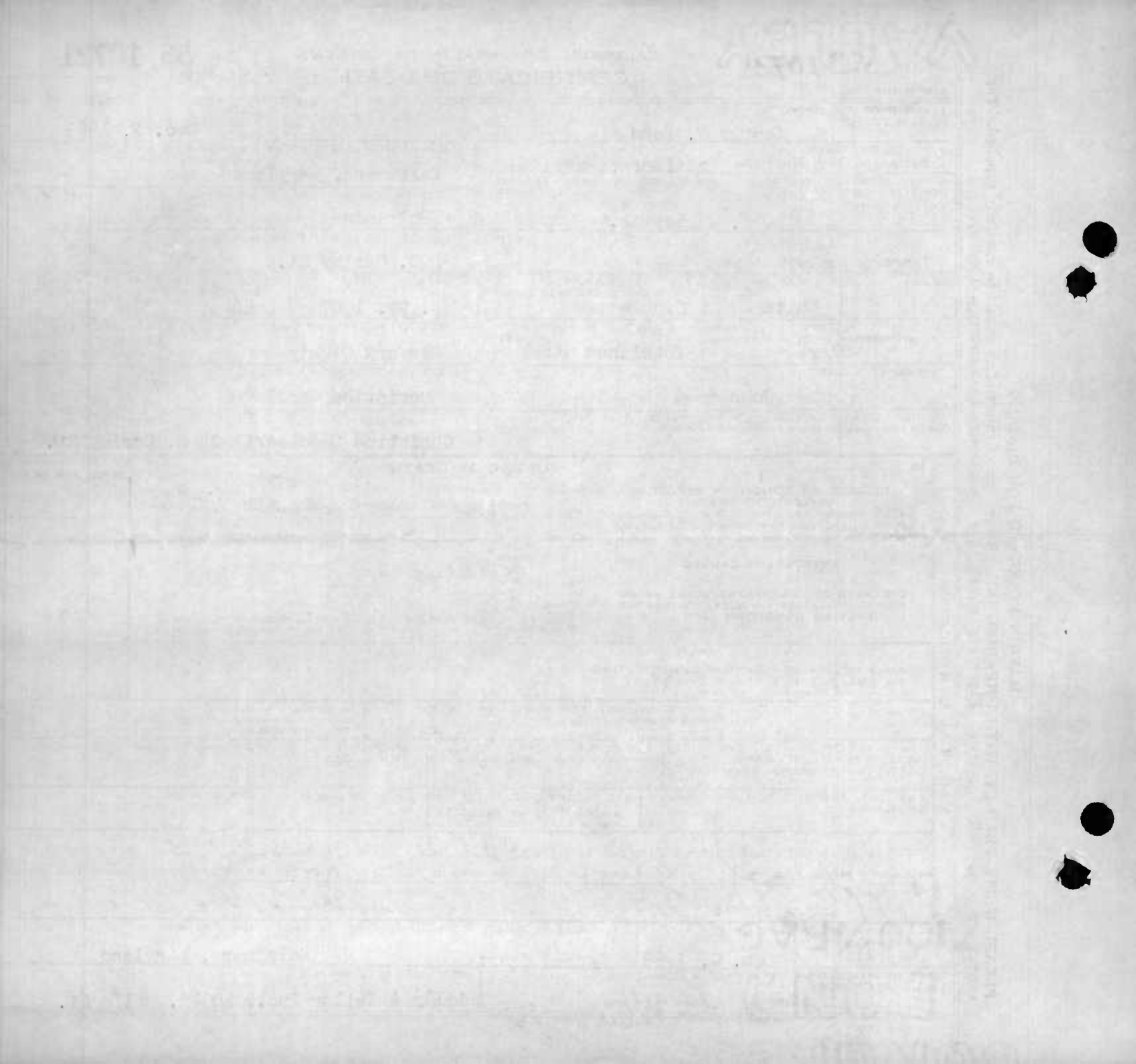
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>JAN. 31, 1953</u> to <u>Dec. 2, 1953</u> , that I last saw the deceased alive on <u>Nov. 4, 1953</u> , and that death occurred at <u>8:00 P.</u> m., from the causes and on the date stated above.			
23A. SIGNATURE <u>M. Davis M.D.</u>		23B. ADDRESS <u>Dundalk, Md.</u>	23C. DATE SIGNED <u>Dec 4, 1953</u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Dec. 7, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>Lilly & Zeller Inc., 403 S. Wolfe St.</u>

VS 150

DEC 6 - 1953

3903A

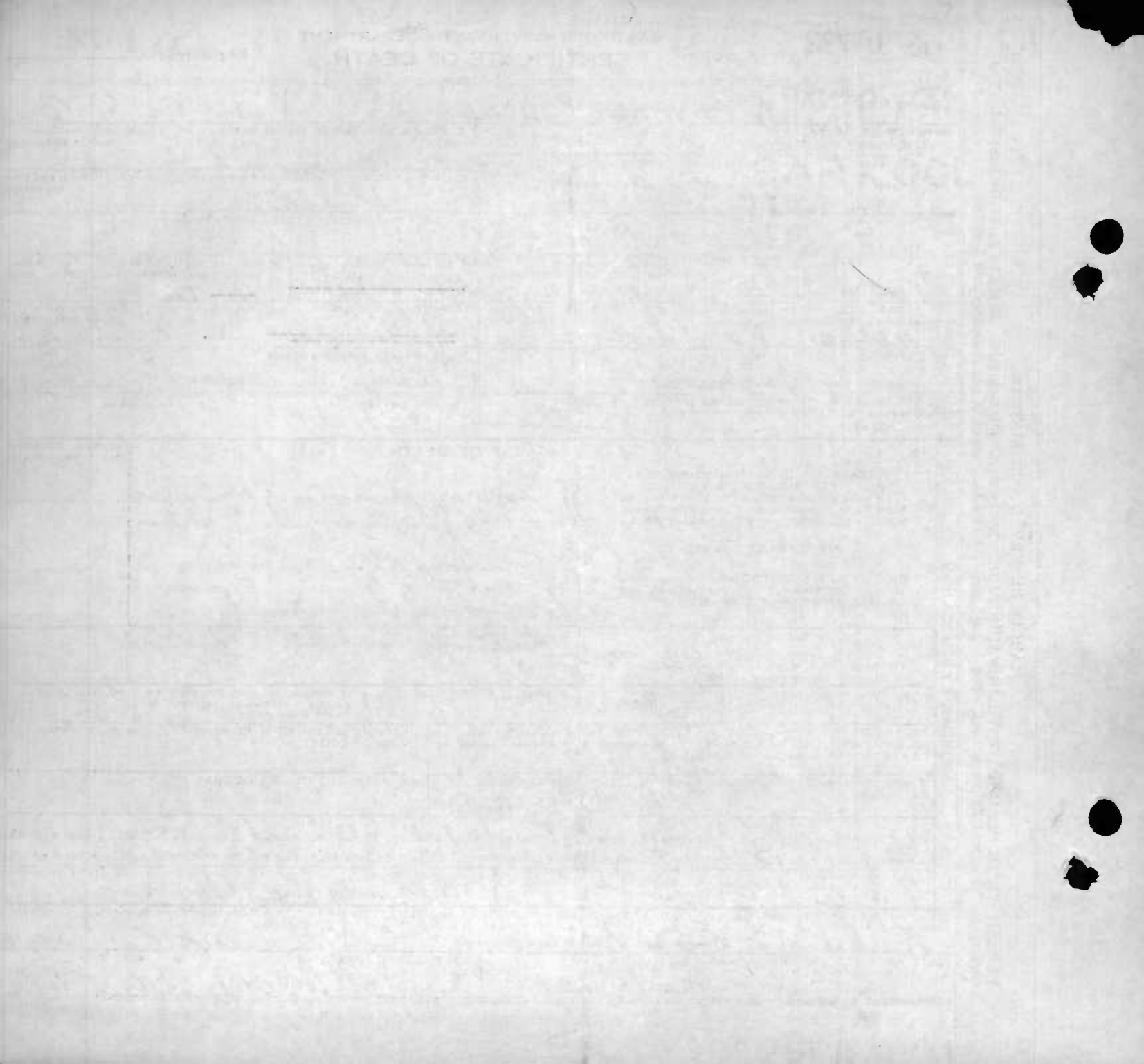


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

53 10722		Certificate Corrected 12-30-53 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10722 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARGARET R. JONES		2. DATE OF DEATH Dec. 6, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		C. CITY OR TOWN Monkton (If outside corporate limits, write RURAL and give township)	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital Baltimore - 1, Md.		D. STREET ADDRESS (If rural, give location) 5300			
c. Length of stay in Baltimore 0		5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec. 24, 1882 9. AGE (In years last birthday) 70 73 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY house		11. BIRTHPLACE (State or foreign country) Delaware Md. 12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME John Jackson		14. MOTHER'S MAIDEN NAME Mary E. Fountain		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no 16. SOCIAL SECURITY NO.	
17. INFORMANT Son		ADDRESS			
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Resolving pneumonia (left lower lobe) with a pericarditis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary atherosclerosis with old infarct present in left ventricle		(A) DUE TO			
(B) DUE TO					
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Right interauricular thrombus					
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 10/28, 1953 to 12/6, 1953 , that I last saw the deceased alive on 12/6, 1953 , and that death occurred at 9:25 Am. , from the causes and on the date stated above.			
23A. SIGNATURE Walter H. Byerly M. D.		23B. ADDRESS University Hosp., Balto-1, Md.		23C. DATE SIGNED 12/6/1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-10-53		24C. NAME OF CEMETERY OR CREMATORY Tracelawn	
24D. LOCATION (City, town, or county) (State) Wilmington, Delaware		25. FUNERAL DIRECTOR L. Scott Brooks, Sparks, Md.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1953		REGISTRAR'S SIGNATURE Huntington Williams			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650 53 10723		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X 53 10723 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) ARIEL BROWN		2. DATE OF DEATH 12-5-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY HARFORD			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BELAIR, MD.			
c. Length of stay in Baltimore 14 Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) FORREST HILL - RURAL			
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPARATED	8. DATE OF BIRTH 9-4-14	9. AGE (In years last birthday) 39	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPING		10B. KIND OF BUSINESS OR INDUSTRY domestic		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME DAVID JACKSON		14. MOTHER'S MAIDEN NAME CLARA PRESTON		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NOT KNOWN		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Clara P. Jackson Forest Hills, Md.	
18. 201X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hodgkins Disease		CAUSE OF DEATH		INTERVAL BETWEEN DEATH AND DEATH diag. 7 mo.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diabetes mellitus Secondary anemia		7 mo. 3 mo.	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-28 , 19 53 , to 12-5- , 19 53 , that I last saw the deceased alive on 12-5 , 19 53 and that death occurred at 4:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Robert J. Sington		23B. ADDRESS University Hospital		23C. DATE SIGNED 12-5-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-9-53		24C. NAME OF CEMETERY OR CREMATORY Fairview	
24D. LOCATION (City, town, or county) (State) Bel Air, Md.		25. FUNERAL DIRECTOR Joseph Foster		ADDRESS Bel Air, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		per M B Mitchell	

ST-107

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

INVESTIGATION OF THE DEATH

OF

THE

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

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OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

INVESTIGATION OF THE DEATH

OF

THE

M-610

53 10724

CERTIFICATE ATTENDED 3/23/54 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10724
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MURPHY Julia JULIA INA MURPHY

2. DATE
OF
DEATH

6 Dec 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

none

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

12-01

D. STREET ADDRESS (If rural, give location)

108 W. University Parkway

c. Length of stay in Baltimore

12 Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Dec. 11, 1900

9. AGE (in years
last birthday)

52

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR
INDUSTRY

Federal Land Bank

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

William Murphy

14. MOTHER'S MAIDEN NAME

Louella Irene Robertson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Charles Mader

914 26th street

Parkersburg, W. Va.

18. 199.9 I 170x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

(B)

Primary site: breast

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Nov 1953, to 6 Dec 1953, that I last saw the
deceased alive on 6 Dec 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dorothy B. Brooking

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

6 Dec 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12 - 9 - 53

24C. NAME OF CEMETERY OR CREMATORY

Odd Fellows

24D. LOCATION (City, town, or county)

Parkersburg, W. Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1953

Huntington Williams, M.D.

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

See query repl in Document file.

G-120

53 10725

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10725
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Catherine Gibowicz</i>		2. DATE OF DEATH <i>Dec. 3 - 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1724 Lancaster st</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>at Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2-03</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1724 Lancaster st</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct 1886</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Joseph Goscinski</i>		14. MOTHER'S MAIDEN NAME <i>Eva Szahleuski</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>212-05-5302</i>	
17. INFORMANT <i>Walter Gibowicz</i>		ADDRESS <i>1724 Lancaster</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Sclerosis.</i>	CAUSE OF DEATH (A) <i>Pulmonary Sclerosis.</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Cardiovascular Disease</i>	DUE TO (B) <i>Hypertensive Cardiovascular Disease</i>	
	(C) <i>Acute Cardiac Disturbance</i>	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Jan 1952</i> to <i>12/2</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/2</i> , 19 <i>53</i> , and that death occurred at <i>10:40 P.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>William J. Dinnelli</i> M.D.		23B. ADDRESS <i>2711 Eastern Ave.</i>		23C. DATE SIGNED <i>12/3/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/7/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St Stanislaus</i>	24D. LOCATION (City, town, or county) (State) <i>1300 Dundalk Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7 - 1953</i>	REGISTRAR'S SIGNATURE <i>Harold W. Williams</i>	25. FUNERAL DIRECTOR <i>George A. Weber</i> ADDRESS <i>705 S. Ann st</i>		

1075

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

1075



53 10726

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10726

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN. H. SCHLUTER

2. DATE
OF
DEATH

12/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

820 S. CLINTON ST

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

26-11

D. STREET ADDRESS (If rural, give location)

820 S. CLINTON ST

c. Length of stay in Baltimore

77 YRS

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

APRIL 20, 1874

9. AGE (In years,
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ENGINEER, RETIRED, STANDARD OIL CO.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM SCHLUTER

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

AMELIA F. SCHLUTER, 820 S. CLINTON ST

18. 502.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 mo

2 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25-53, to 12-4-53 19, that I last saw the
deceased alive on 12-3-53, and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

H. Hoffman

M. D.

23B. ADDRESS

1710 E. 32 St

23C. DATE SIGNED

12-5-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/7/53

24C. NAME OF CEMETERY OR CREMATORY

MORELAND MEM

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7 - 1953

Huntington Williams, Clarence F. Hoffmann 1639 Broadway

MARGIN CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information shown is equally important. Physicians: please write the causes of death clearly and legibly.

53 10727

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10727
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Sophia D. Schenk		12/5/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 1361 S. Ponca St.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-36	
7. STREET ADDRESS (If rural, give location) 1361 S. Ponca St.		8. DATE OF BIRTH April 16, 1895	
9. LENGTH OF STAY IN BALTIMORE Life		10. AGE (In years, last birthday) 58	
11. SEX F		12. COLOR OR RACE W	
13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M		14. BIRTHPLACE (State or foreign country) Baltimore Md.	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		16. KIND OF BUSINESS OR INDUSTRY	
17. FATHER'S NAME John L Toepfner		18. MOTHER'S MAIDEN NAME Anna Schmidtman	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.	
21. INFORMANT Frank Schenk 1361 S. Ponca St.		22. ADDRESS	
23. CAUSE OF DEATH 18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage - arterial Hypertension - arteriosclerosis - ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes Mellitus		24. INTERVAL BETWEEN ONSET AND DEATH 12/4/53	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		26. II	
27. DATE OF OPERATION Cataract operat Oct/53		28. MAJOR FINDINGS OF OPERATION Cataract of eye removed (left).	
29. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		30. DATE OF OPERATION Oct 5, 1953	
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21a. TIME (Month) (Day) (Year) (Hour) OF INJURY		32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
33. WHERE DID INJURY OCCUR? 21c. HOW DID INJURY OCCUR?		34. DATE SIGNED 12/5/53	
35. I hereby certify that I attended the deceased from Oct 8, 1952, to Dec 5, 1953, that I last saw the deceased alive on Dec 5, 1953, and that death occurred at 12:00 p.m., from the causes and on the date stated above.		36. SIGNATURE Louis F. Fenneman M. O.	
37. ADDRESS 722 No. Kemwood Ave		38. DATE SIGNED 12/5/53	
39. BURIAL, CREMATION, REMOVAL (Specify) Burial		40. DATE 12/9/53	
41. NAME OF CEMETERY OR CREMATORY Oak Lawn		42. LOCATION (City, town, or county) Baltimore Md.	
43. DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1953		44. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
45. FUNERAL DIRECTOR 1639 Broadway.		46. ADDRESS	

222 N. K. ...WOOD AVE.

Blank lined paper with faint horizontal lines and a vertical margin line on the right side. There are some faint, illegible markings and a large black ink blot on the right edge.

G-431

53 10728

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10728

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Rachel Goldberg

2. DATE
OF
DEATH

12-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

70

Levendale

c. Length of stay in Baltimore

38

Yrs.

Mths.

Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-19

D. STREET ADDRESS (If rural, give location)

1707 Narcissus Ave

8. DATE OF BIRTH

9. AGE (In years
last birthday)11 Under 1 Year
Months Days12 Under 24 Hours
Hours Min.

93

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nathan Goldberg

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic cardiovascular disease 3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

General Arteriosclerosis years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1948, to 12-6, 1953, that I last saw the
deceased alive on 12-6, 1953, and that death occurred at 5:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome J. Hummer

M. D.

23B. ADDRESS

Levendale Home

23C. DATE SIGNED

12-6-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

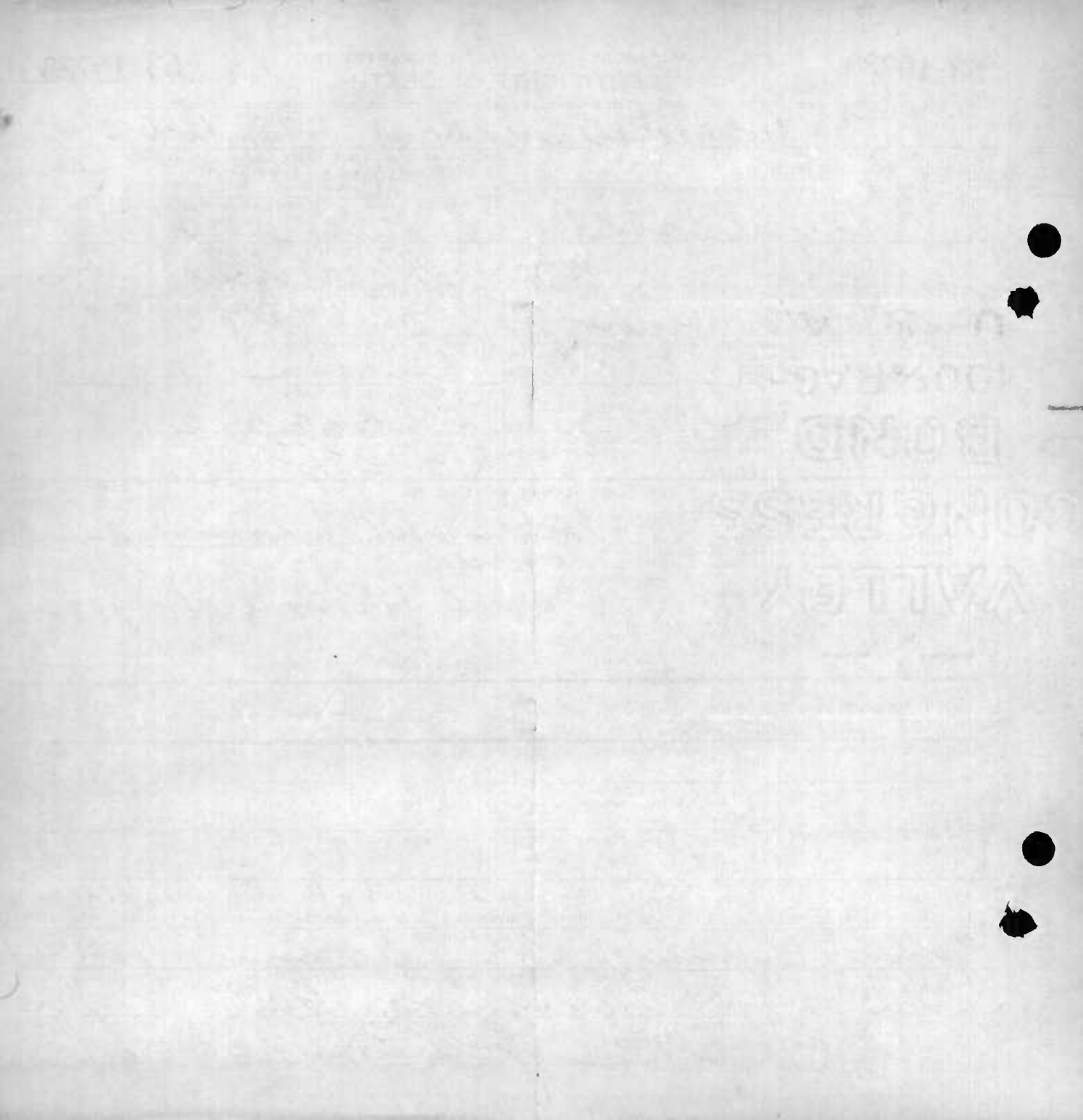
ADDRESS

DEC 7 - 1953

Huntington Williams

Michael Lewis

2100 Eutaw Ave



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-240 53 10729		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10729 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>MARTIN SAGAL</i>			2. DATE OF DEATH <i>12.6.53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-01</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>841 West North Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH	9. AGE (In years last birthday) <i>52</i>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Grocer</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
13. FATHER'S NAME <i>Benjamin</i>			14. MOTHER'S MAIDEN NAME <i>Mary</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Fannie Sagel - same</i>	
18. <i>416x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <i>Pulmonary infarction</i> DUE TO (B) <i>Pulmonary embolism</i> DUE TO <i>Rheumatic heart disease</i> (C)		INTERVAL BETWEEN ONSET AND DEATH
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. TIME (Month) (Day) (Year) (Hour) OF INJURY		21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21E. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12. 6</i> , 19 <i>53</i> , to <i>12. 6</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12. 6</i> , 19 <i>53</i> , and that death occurred at <i>11:20 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Chelminsky</i>		23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>12.6.53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-7-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Chelington</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto, Md</i>		24E. FUNERAL DIRECTOR <i>Jack Lewin</i>		24F. ADDRESS <i>2100 Goutw Pl</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7 - 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Jack Lewin</i>	
VS 150					

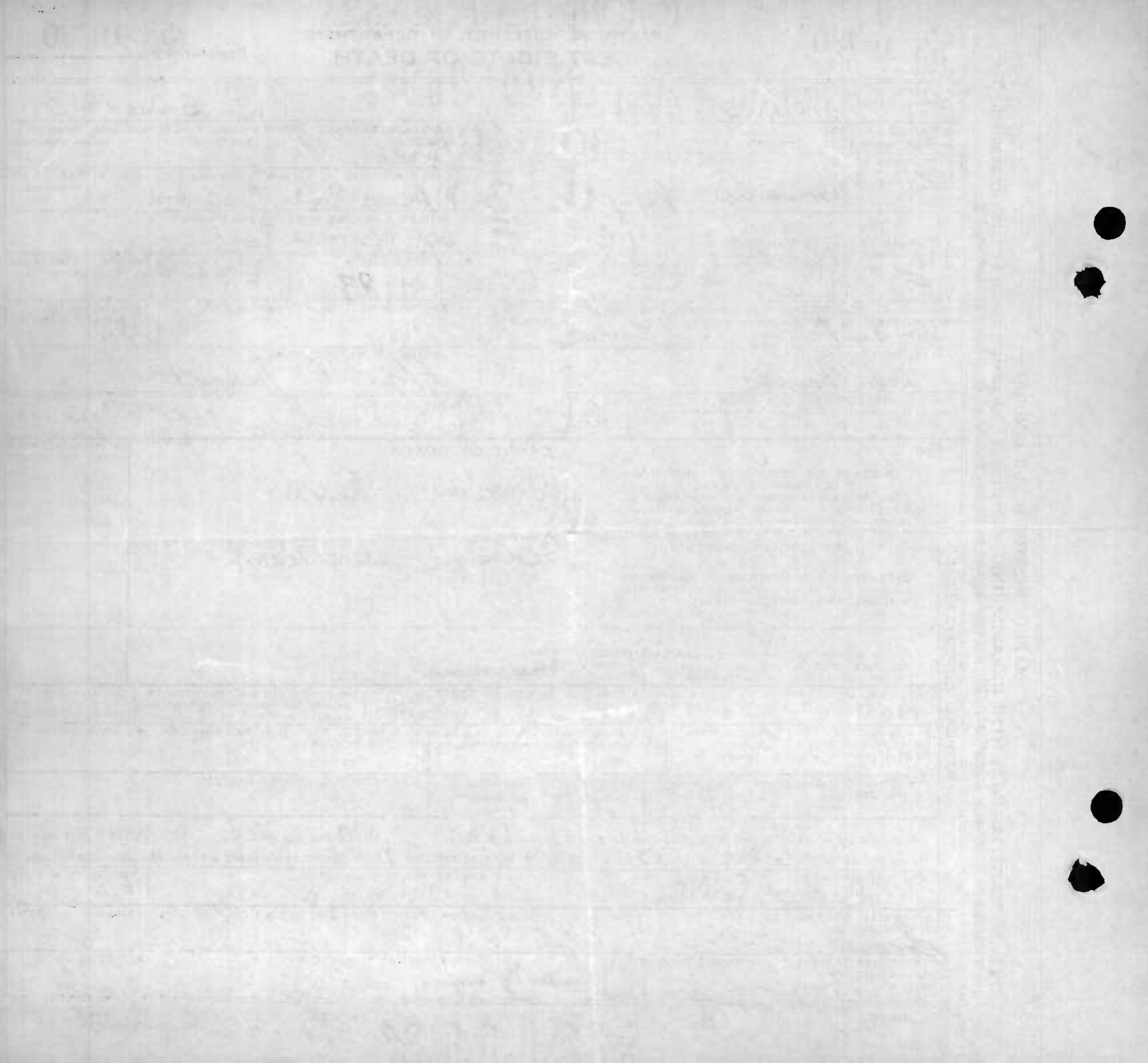
2906A

NEW
BOSTON
PUBLIC
CLERK
OFFICE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

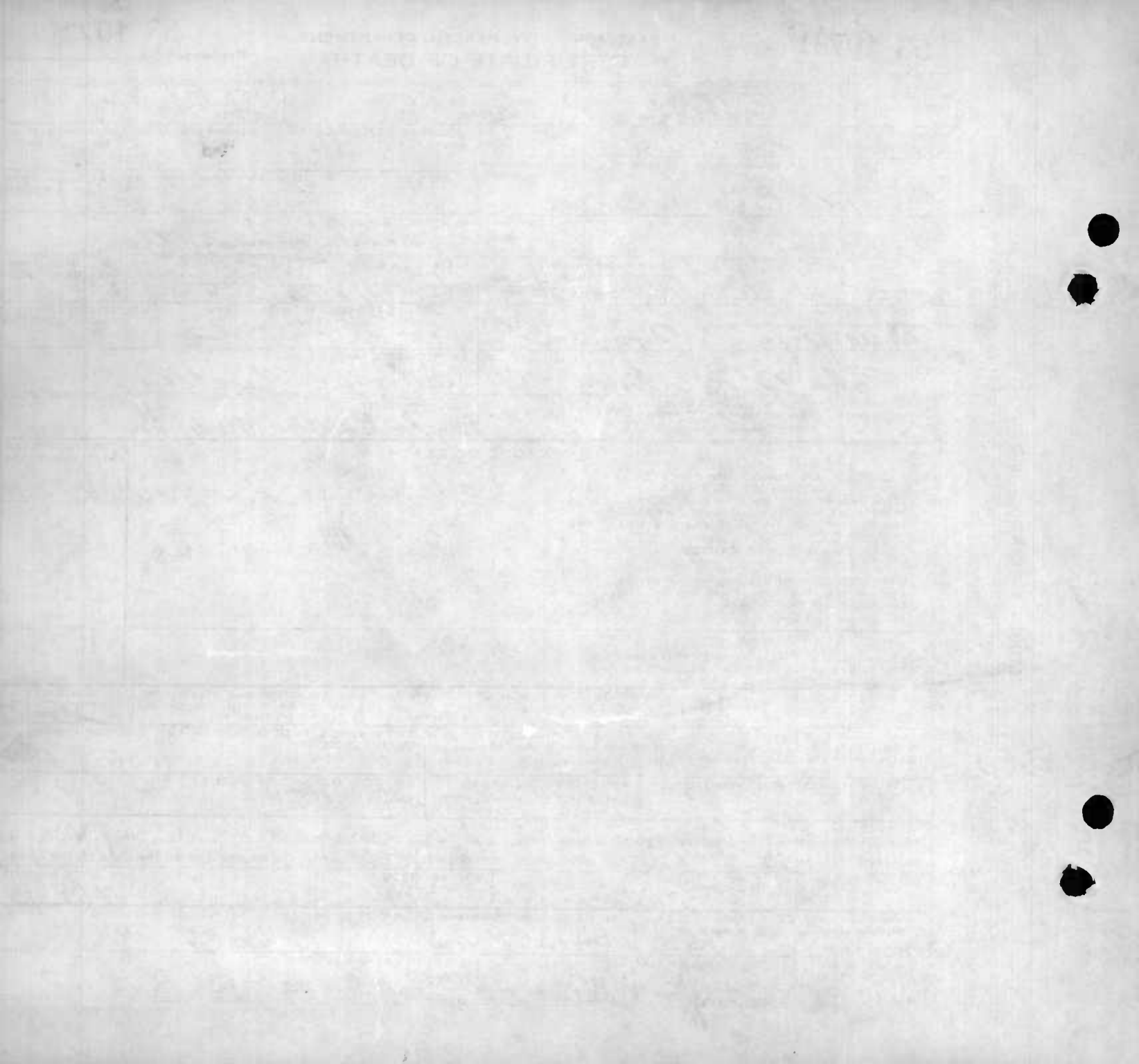
M-414 53 10730		E. MELVILLE BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10730 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Melville, Ethel</i>		2. DATE OF DEATH <i>26 Dec 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Penn</i> B. COUNTY <i>V-35</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Highland Park, Camp Hill</i>			
D. STREET ADDRESS (If rural, give location) <i>209 Norman Road.</i>					
c. Length of stay in Baltimore <i>16</i> Days		5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>		8. DATE OF BIRTH <i>7/24/83</i>		9. AGE (in years last birthday) <i>70</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Levi Barneo</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Bennett</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Ma Mrs Melville</i> ADDRESS <i>1225 N. Calvert St.</i>	
18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Polmonary embolism -</i> DUE TO (B) <i>Generalized carcinomatosis -</i> DUE TO (C) <i>Carcinoma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
19A. DATE OF OPERATION <i>1950</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Carcinoma of rt breast</i>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>1 Dec</i> , 19 <i>53</i> , to <i>6 Dec</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>6 Dec</i> , 19 <i>53</i> , and that death occurred at <i>6:41</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Robert G. Gibbs</i>		23B. ADDRESS <i>University Hosp</i>		23C. DATE SIGNED <i>6 Dec 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-9-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Springhill</i>	
24D. LOCATION (City, town, or county) (State) <i>Springville, Md</i>		25. FUNERAL DIRECTOR <i>Robert A. Knight</i>		ADDRESS <i>Springville, Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7 - 1953</i>		REGISTRAR'S SIGNATURE <i>H. J. Williams</i>			
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 10731 Registered No.	
BIRTH NO. 53 10731					
1. NAME OF DECEASED (Type or Print) <i>Catherine R. Hamilton</i>			2. DATE OF DEATH <i>12/4/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>4114 Eienman Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 27-01</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>4114 Eienman Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>10/12/1873</i>	9. AGE (In years last birthday) <i>80</i>	10. Under 1 Year Months Days <i>1 22</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Ky</i>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>John O. Riedling</i>		
14. MOTHER'S MAIDEN NAME <i>Catherine Mueller</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Mrs. Ruth Willis Memphis Tenn.</i>		
18. <i>153X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH <i>Carcinoma Sigmoid to Metastasis</i>		
19. DATE OF OPERATION <i>0</i>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Mar</i> , 195 <i>3</i> to <i>12/4</i> , 195 <i>3</i> that I last saw the deceased alive on <i>12/4</i> , 195 <i>3</i> and that death occurred at <i>7:50 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>B. B. Slemons</i> M. D.			23B. ADDRESS <i>3400 E. Eienman Ave</i>		23C. DATE SIGNED <i>12/5/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	24B. DATE <i>12/7/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7 - 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>BoK Inc. 1217 St. Paul St</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-452

53 10732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10732 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *ECCL L. WILLIAMS*

2. DATE OF DEATH *12-4-53*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Maryland* B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION *Mary Hospital, Inc.*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore*

7. STREET ADDRESS (If rural, give location) *1615 E 33RD ST. #18*

8. Length of stay in Baltimore

9. SEX *M*

10. COLOR OR RACE *W*

11. SINGLE ☒ MARRIED ☐ WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH *7-30-1888*

13. AGE (In years last birthday) *65*

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Seaman.*

16B. KIND OF BUSINESS OR INDUSTRY *Package Goods*

17. BIRTHPLACE (State or foreign country) *Maryland*

18. CITIZEN OF WHAT COUNTRY? *USA*

19. FATHER'S NAME *Simon Williams*

20. MOTHER'S MAIDEN NAME *Mary Carle.*

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No.*

22. SOCIAL SECURITY NO.

23. INFORMANT *Ann O'Connor Williams, 1615 E. 33rd St.*

24. ADDRESS

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) *Cerebral vascular accident*

27. ANTECEDENT CAUSES

28. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. *Hypertensive cerebral vascular disease many yrs.*

29. INTERVAL BETWEEN ONSET AND DEATH *19 Hrs.*

30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

31. 19A. DATE OF OPERATION *0*

32. 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

33. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

34. 20. AUTOPSY? YES ☐ NO ☐

35. 21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

36. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

37. 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

38. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

39. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

40. 21F. HOW DID INJURY OCCUR?

41. 22. I hereby certify that I attended the deceased from *12-4-1953* to *12-4-1953* that I last saw the deceased alive on *12-4-1953* and that death occurred at *6:00 P.m.*, from the causes and on the date stated above.

42. 23A. SIGNATURE *John W. Hum Jr. M.D.*

43. 23B. ADDRESS *Mary Hospital*

44. 23C. DATE SIGNED *12-4-53*

45. 24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

46. 24B. DATE *12/9/53*

47. 24C. NAME OF CEMETERY *Druid Ridge*

48. 24D. LOCATION (City, town, or county) (State) *Pikesville, Maryland*

49. DATE RECEIVED BY LOCAL REGISTRAR *DEC 7 - 1953*

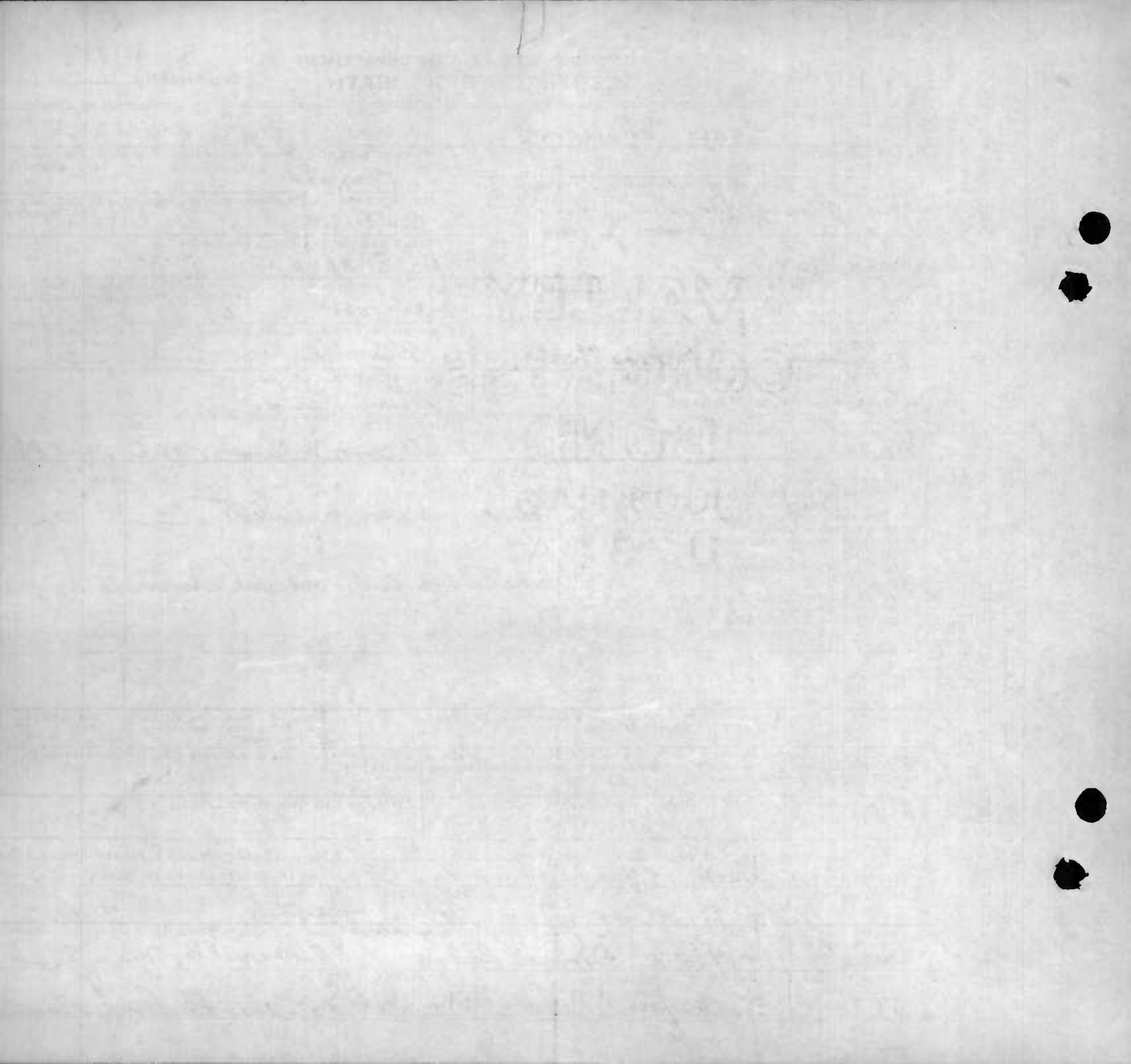
50. REGISTRAR'S SIGNATURE *Huntington Williams*

51. FUNERAL DIRECTOR *McKim Cook, Inc., 1217 E. Paul St.*

52. ADDRESS

VS 150

49068



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 10733		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10733	
1. NAME OF DECEASED (Type or Print) <u>White, Norman (NORMAN WHITE SR.)</u>			2. DATE OF DEATH <u>December 4, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>27 E. Birkhead Street</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 14, 1907</u>	9. AGE (In years last birthday) <u>46</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Federal Tin Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>CHARLES WHITE</u>			14. MOTHER'S MAIDEN NAME <u>ANNIE STUART</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>218-18-9110</u>	17. INFORMANT <u>Ruth N. White</u> ADDRESS <u>27 E. Birkhead St</u>		
18. <u>758.3</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Acute Pulmonary Edema</u> CAUSE OF DEATH (A) <u>Acute Pulmonary Edema</u> DUE TO (B) <u>Antecedent Causes</u> DUE TO (C) <u>Osteogenesis imperfecta</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>✓</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>November 24, 1953</u> to <u>December 4, 1953</u> , that I last saw the deceased alive on <u>Dec. 4, 1953</u> , and that death occurred at <u>1:45 a. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Physician B</u>		23B. ADDRESS <u>1100 N. Caroline Street</u>		23C. DATE SIGNED <u>Dec. 11, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>12/8/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>GLEN HAVEN MEM.</u>	
24D. LOCATION (City, town, or county) <u>MD</u>		24E. LOCATION (City, town, or county) <u>MD</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 7 - 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Charles H. Crum & Son</u> ADDRESS <u>118 W. Mt. Royal Ave.</u>	

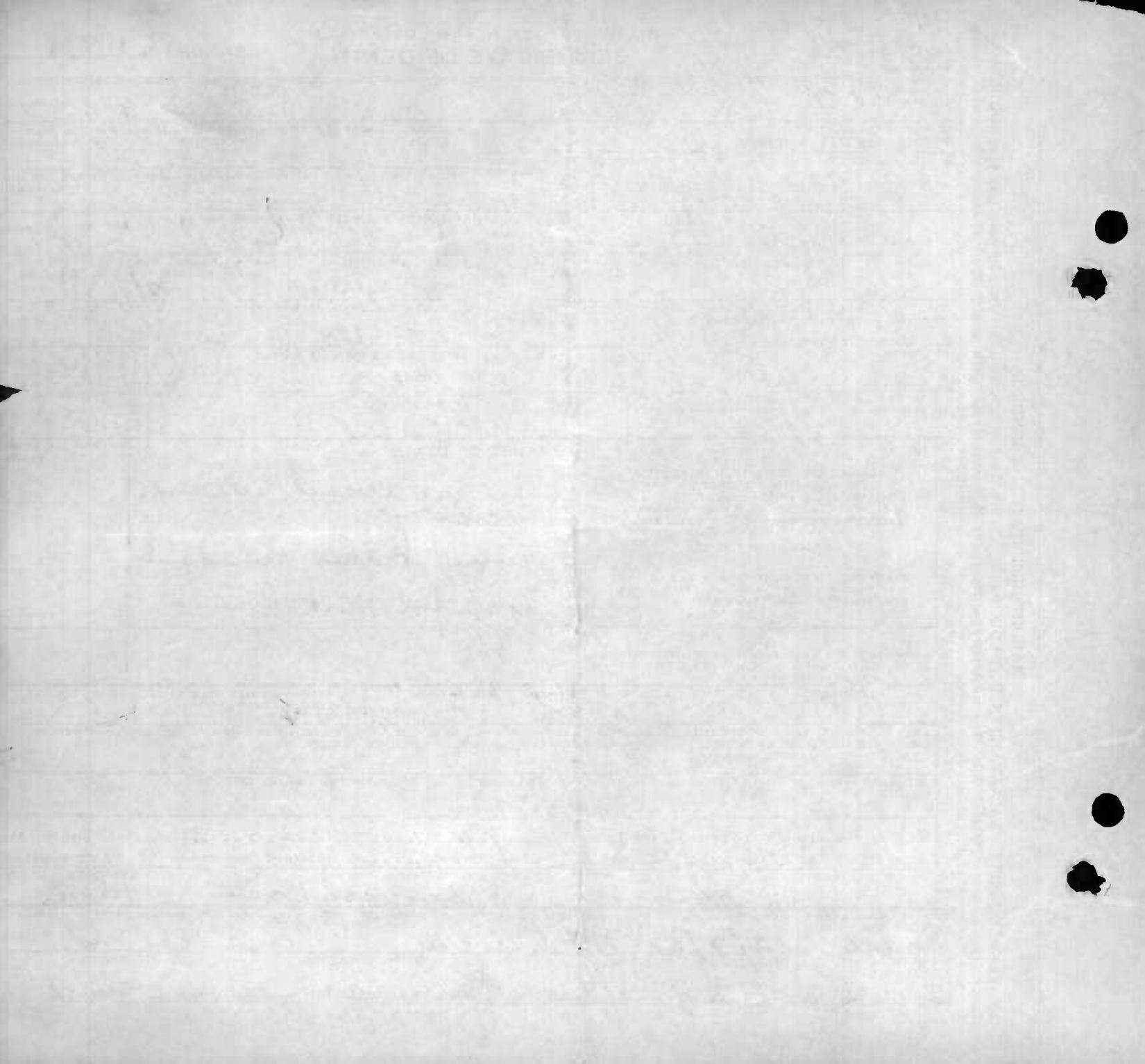
NAME _____
ADDRESS _____
DATE _____
BODY TAKEN BY _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

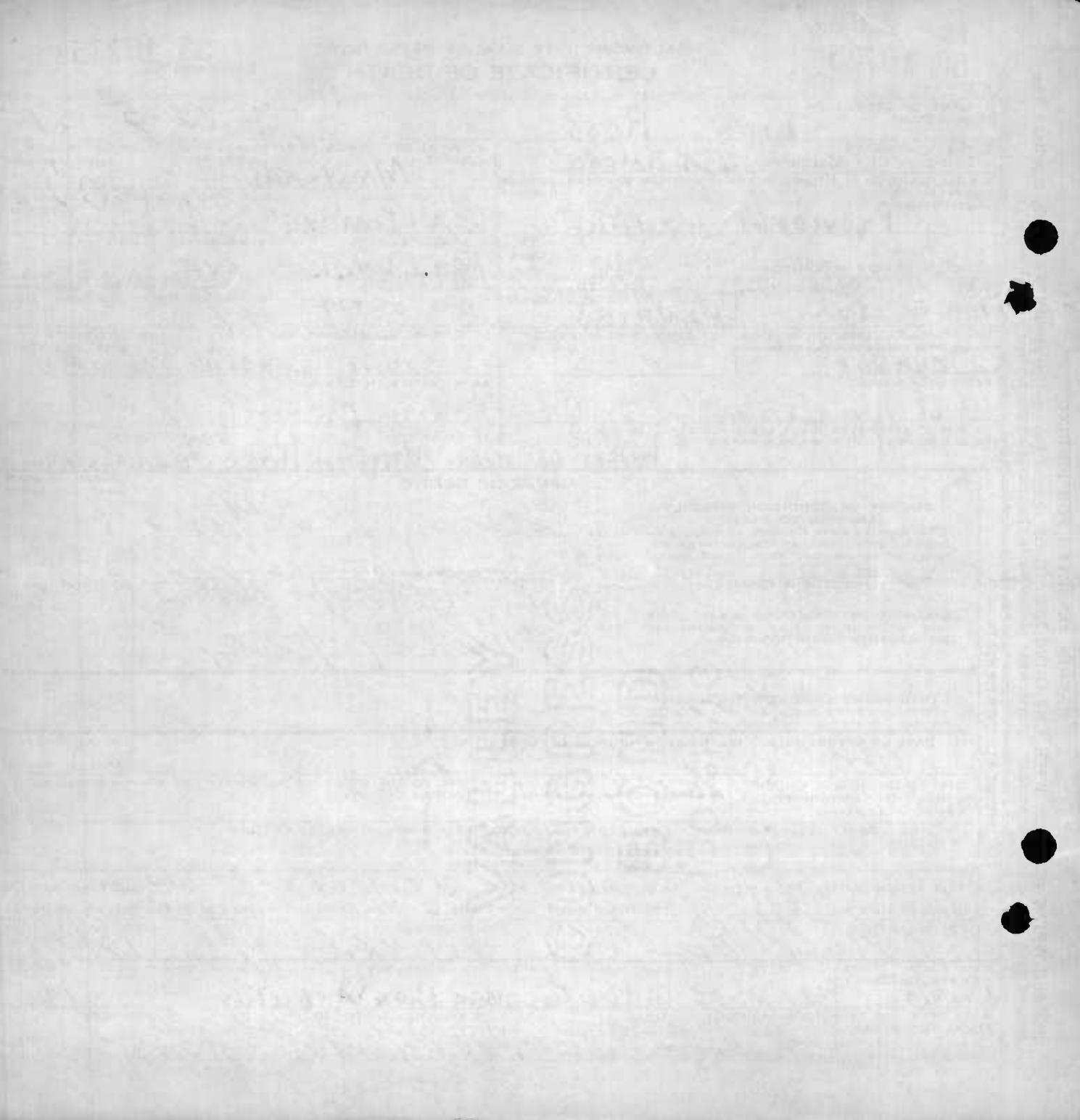
BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 53 10734	
53 10734				53 10734	
BIRTH NO. 53 10734				53 10734	
1. NAME OF DECEASED (Type or Print) <i>Wallace, James</i>			2. DATE OF DEATH <i>12/4/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>X</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-01</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>829 W Lexington St</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>6/3/53</i>	9. AGE (in years last birthday) <i>25</i>	10. Under 1 Year Months: Days <i>25</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>DEWEY Wallace</i>			14. MOTHER'S MAIDEN NAME <i>Mary Lightner</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Father same</i>		
18. 754.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			(A) <i>Saccharic acid fermentation</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) <i>Operative</i>		
			(C) <i>(Tumor) Patein Medist min</i>		
			(D) <i>Cingidial Heart Disease</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>12/4/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>atelectatic lung</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/4/53</i> , 19 <i>53</i> , to <i>12/4/53</i> 19 <i>53</i> , that I last saw the deceased alive on <i>12/4</i> 19 <i>53</i> , and that death occurred at <i>3:45 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. K. Pearson</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>12/4/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/7/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	
24D. LOCATION (City, town, or county) (State) <i>a.a.co. md</i>		25. FUNERAL DIRECTOR ADDRESS <i>James A. Hayes, 638 N. 9th St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7 - 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-200 53 10735		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10735 Registered No.	
BIRTH NO.				1. NAME OF DECEASED (Type or Print) TONY ROSS	
2. DATE OF DEATH 12-5-53					
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) PROVIDENT HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write rural and give township) BALTIMORE	
D. STREET ADDRESS (If rural, give location) 829 EDMONSON AVE					
c. Length of stay in Baltimore 30 Yrs. Mos. Days					
5. SEX MALE		6. COLOR OR RACE COL		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEVEDOR		10B. KIND OF BUSINESS OR INDUSTRY -		8. DATE OF BIRTH 2-20-04	
13. FATHER'S NAME WILLIAM ROSS		16. SOCIAL SECURITY NO. 705-10-6303		9. AGE (in years last birthday) 49	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)		17. INFORMANT MRS MARTHA ROSS EDMONSON AVE		11. BIRTHPLACE (State or foreign country) SOUTH CAROLINA	
		18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Heart Disease DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial Infarction or MI DUE TO Myocardial Infarction DUE TO Myocardial Infarction		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
19A. DATE OF OPERATION Not		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-29-50 to 12-5-53 , that I last saw the deceased alive on 12-7-53 , 19 53 , and that death occurred at 6 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Charles T. W...		23B. ADDRESS 861 Harbor St		23C. DATE SIGNED 12/7/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-9-53		24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM PARK ARBUTUS	
24D. LOCATION (City, town, or county) (State) MD		24E. NAME OF CEMETERY OR CREMATORY ARBUTUS		24F. LOCATION (City, town, or county) (State) MD	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR William A. Jackson	
VS 150		194055			



MARGIN RESERVED FOR BINDING

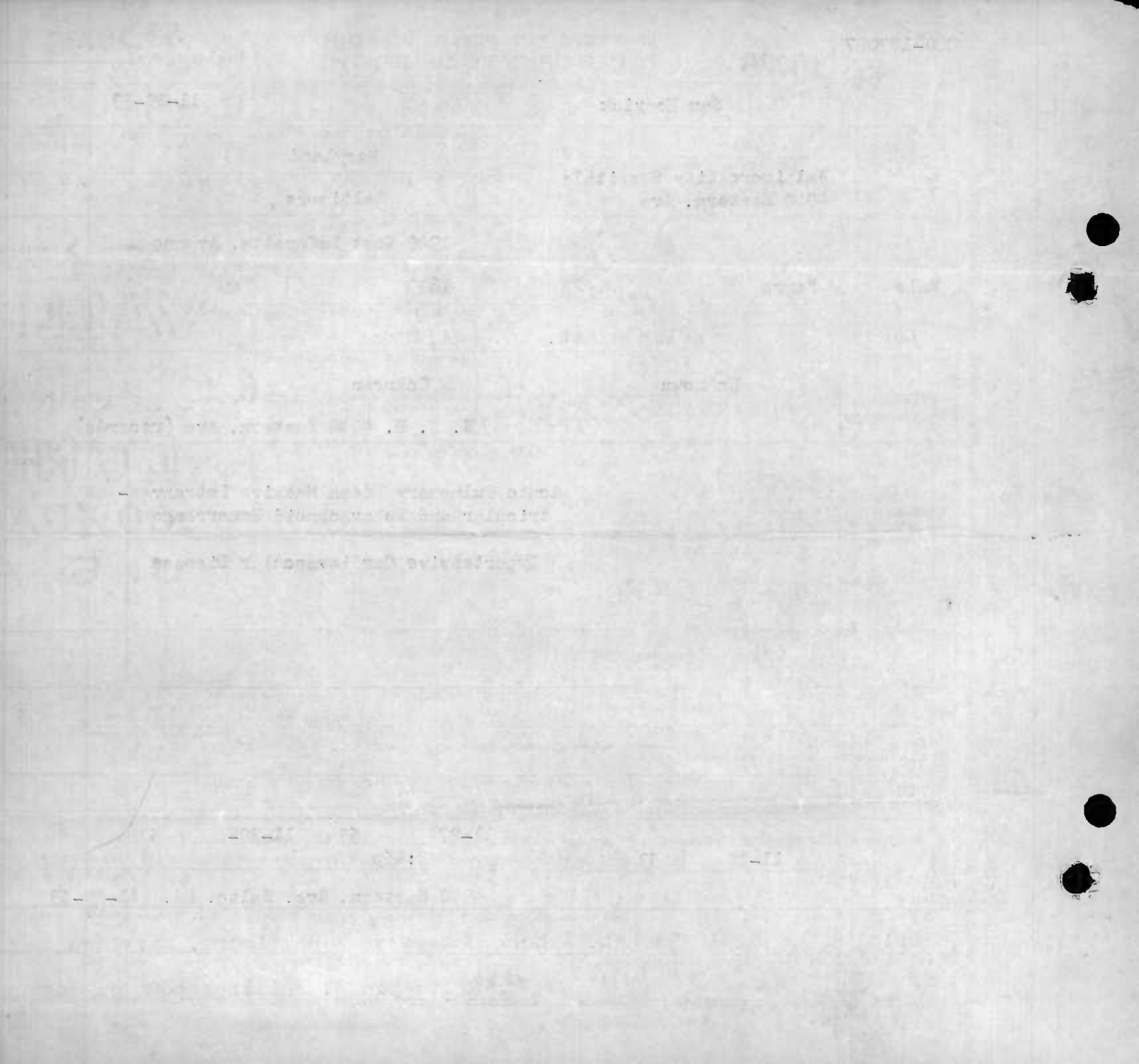
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CCG-177097		BALTIMORE CITY HEALTH DEPARTMENT		53 10736	
BIRTH NO. 53 10736		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Sam Hodrick			2. DATE OF DEATH 11-29-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern, Ave			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 1940 West Lafayette, Avenue		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1893	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY Welsh Const. Co.		
11. BIRTHPLACE (State or foreign country) Alabama			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 212-12-5730	17. INFORMANT ADDRESS C. H. 4940 Eastern, Ave (records)		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute Pulmonary Edema Massive Intrantricular and Subarachnoid Hemorrhage DUE TO Hypertensive Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-27 , 19 53 , to 11-29 , 19 53 that I last saw the deceased alive on 11-29 , 19 53 and that death occurred at 2:45p m., from the causes and on the date stated above.					
23a. SIGNATURE <i>H. J. Williams, M.D.</i>		23b. ADDRESS 4940 Eastern, Ave. Balto. Md.		23c. DATE SIGNED 11-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/10/53	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>H. J. Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips 1808 N. Monroe St.			

DEC 7 - 1953

VS 150

97024



G-600

CERTIFICATE CORRECTED 12-9-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 10737

BIRTH NO.

53 10737

1. NAME OF DECEASED
(Type or Print)

John R. Gray

2. DATE
OF
DEATH

Dec 5 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN

Balt

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2048 E. FAIRMOUNT AVE

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 3-1877

9. AGE (In years last birthday)

56

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance Man

10B. KIND OF BUSINESS OR INDUSTRY

Y. M. C. A.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. D. Gray

14. MOTHER'S MAIDEN NAME

Ruth Hemons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Marie E. Gray 2048 E. Fairmount Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Percut & Old Myocardial

DUE TO

(C) Ex lacer

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William J. Smith

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

Dec 6/1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Dec 8-53 Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Balt

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

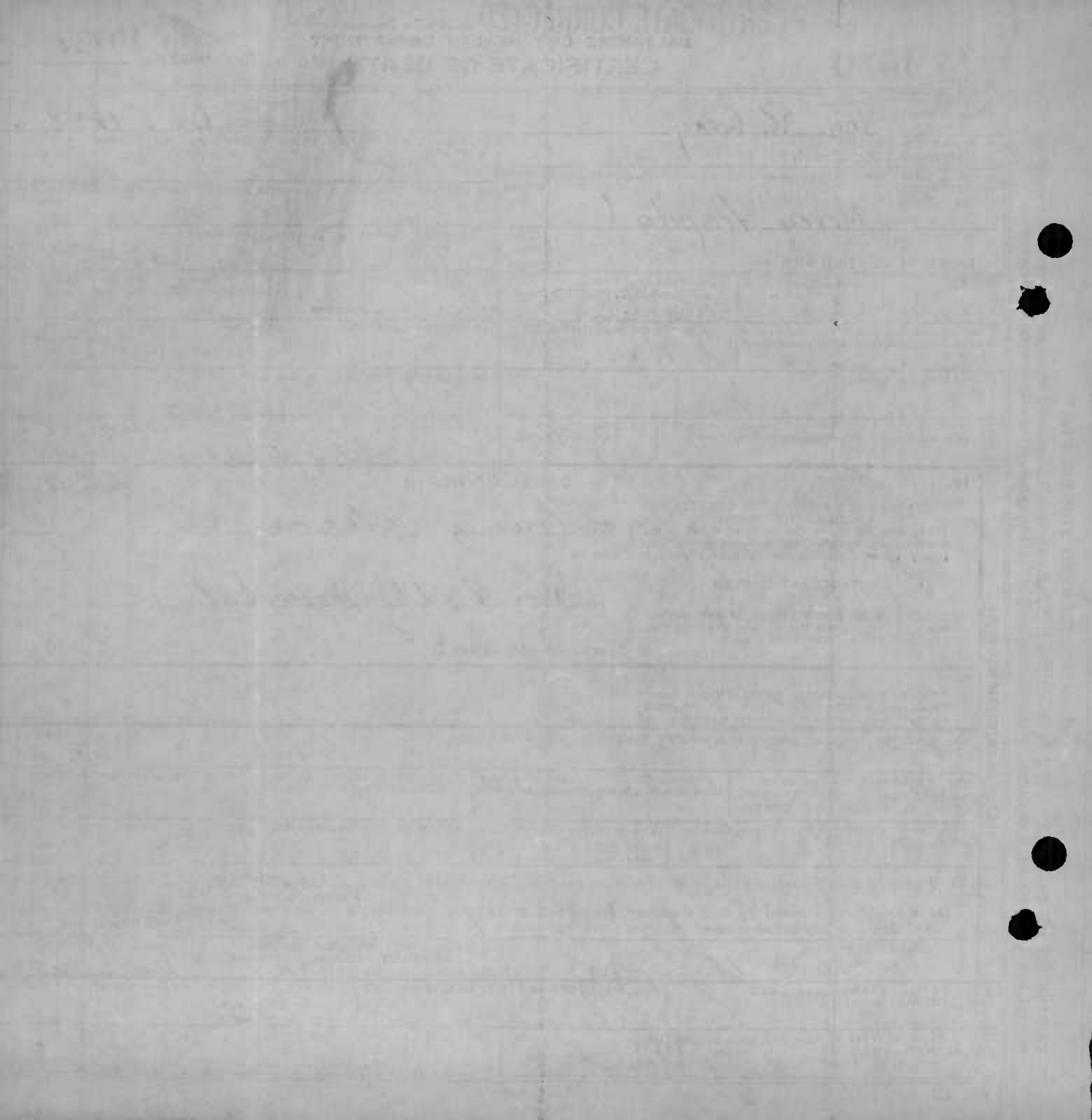
Huntington Williams

25. FUNERAL DIRECTOR

John D. Miller

ADDRESS

2384 Jefferson St



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. <u>53 10738</u>	
1. NAME OF DECEASED (Type or Print) <u>Cremen, William Albert</u>			2. DATE OF DEATH <u>December 6, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>			C. CITY OR TOWN <u>Baltimore</u>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>3115 Clifton Avenue</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 31, 1901</u>	9. AGE (In years last birthday) <u>52</u>	10. Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Crane Operator</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Arundel Crane Service</u>		
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>			12. CITIZEN OF WHAT COUNTRY? <u>15-06</u>		
13. FATHER'S NAME <u>Cornelius Cremen</u>			14. MOTHER'S MAIDEN NAME <u>Emily Kelly</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>216-03-6443</u>		
17. INFORMANT <u>Mrs. Florence B. Cremen</u>			ADDRESS <u>3115 Clifton Ave.</u>		
18. <u>434.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Congestive heart failure</u> DUE TO ANTECEDENT CAUSES (B) <u>Pneumonitis</u> DUE TO (C) <u>Pneumonitis</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>December 4, 1953</u> , to <u>December 6, 1953</u> , that I last saw the deceased alive on <u>Dec. 6, 1953</u> , and that death occurred at <u>6:45 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Pelagio & Layung</u>			23B. ADDRESS <u>1100 N. Caroline Street</u>		23C. DATE SIGNED <u>Dec. 6, 1953</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/9/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cem.</u>		24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 7 - 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Wm. J. Pickner & Sons</u>	
VS 150		<u>513-24</u> <u>Balto 17, Md.</u>			

BODY TAKEN BY

NAME _____

ADDRESS _____

DATE _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-600

53 10739

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10739
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSE ANN SAUER		2. DATE OF DEATH 12-6-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore City	
B. FULL NAME OF HOSPITAL OR INSTITUTION 37 Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18 9-02	
C. Length of stay in Baltimore 70 Yrs. 23 Mos. 23 Days		D. STREET ADDRESS (If rural, give location) 4005 Loch Raven Blvd.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home	
13. FATHER'S NAME Edward Hughes		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
14. MOTHER'S MAIDEN NAME Elizabeth Hammill		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. INFORMANT Mrs. Katherine C. Hughes		ADDRESS 4005 Loch Raven Blvd	

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) Hypertensive arteriosclerotic cardiovascular disease DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

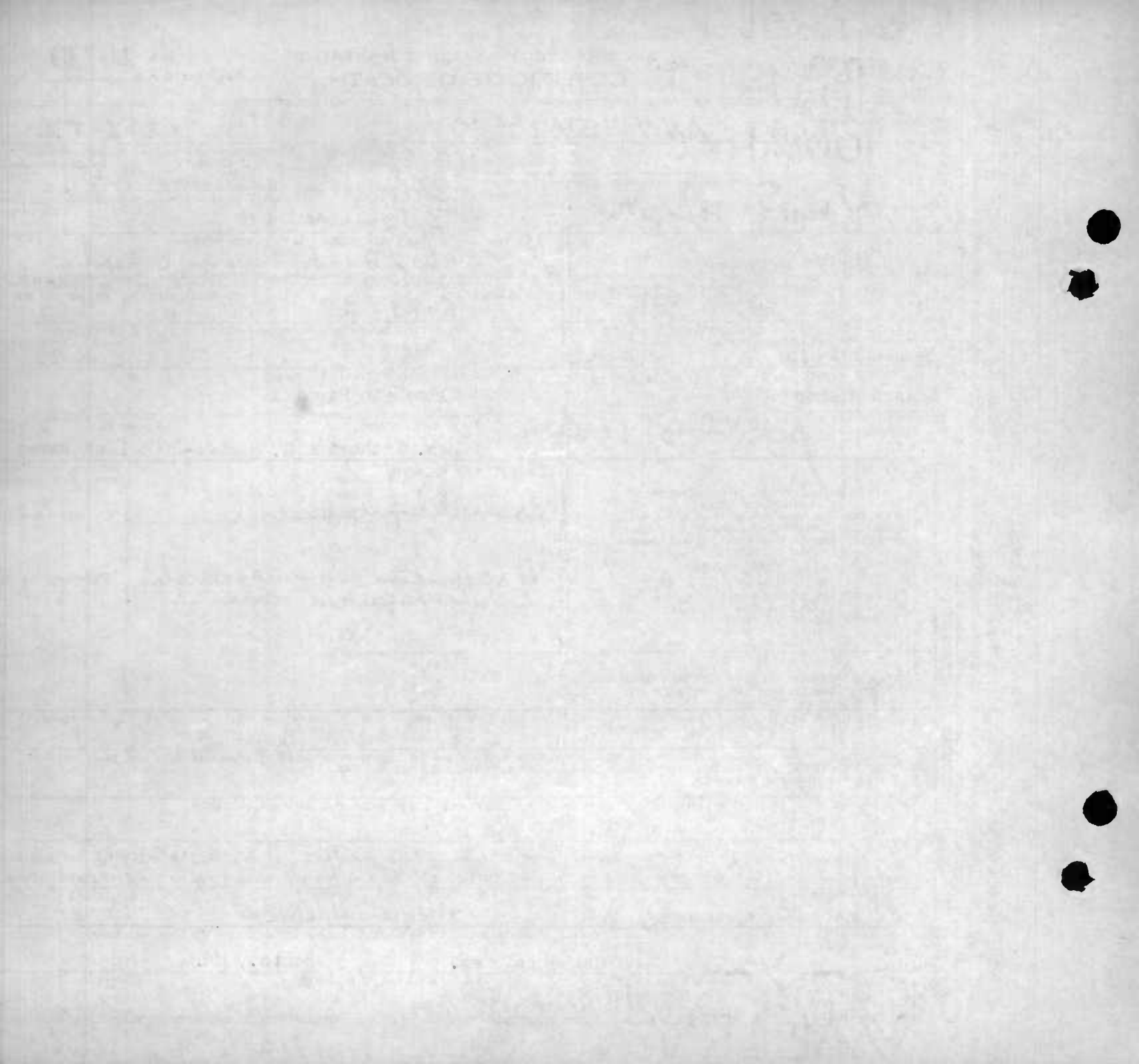
22. I hereby certify that I attended the deceased from **12-1, 1953** to **12-6, 1953** that I last saw the deceased alive on **12-6, 1953** and that death occurred at **5:35 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Char. F. Carroll, Jr.	M. D.	23B. ADDRESS Mercy Hospital	23C. DATE SIGNED 12-6-53
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/9/53	24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Tiskner & Sons	ADDRESS Balto. 12, Md.
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VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I 625-

53 10740

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10740

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Katherine B. Irrgang

2. DATE
OF
DEATH

Dec. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1123 Ellicott Drive

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1123 Ellicott Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 3, 1896

9. AGE (In years last birthday)

57

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Laurel, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Kirby

14. MOTHER'S MAIDEN NAME

Catherine Biddison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO. None

17. INFORMANT ADDRESS
Mr. George J. Irrgang 1123 Ellicott Dr.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Hemorrhage*
DUE TO *Terminal*

12 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *General Arterio*
DUE TO *Sclerosis*

✓

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

✓

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 16, 1953 to Dec 4, 1953 that I last saw the deceased alive on Dec 4, 1953 and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

4722 Edmond Ave Dec 5-1953

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/7/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county)

Woodlawn Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 7 - 1953

REGISTRAR'S SIGNATURE

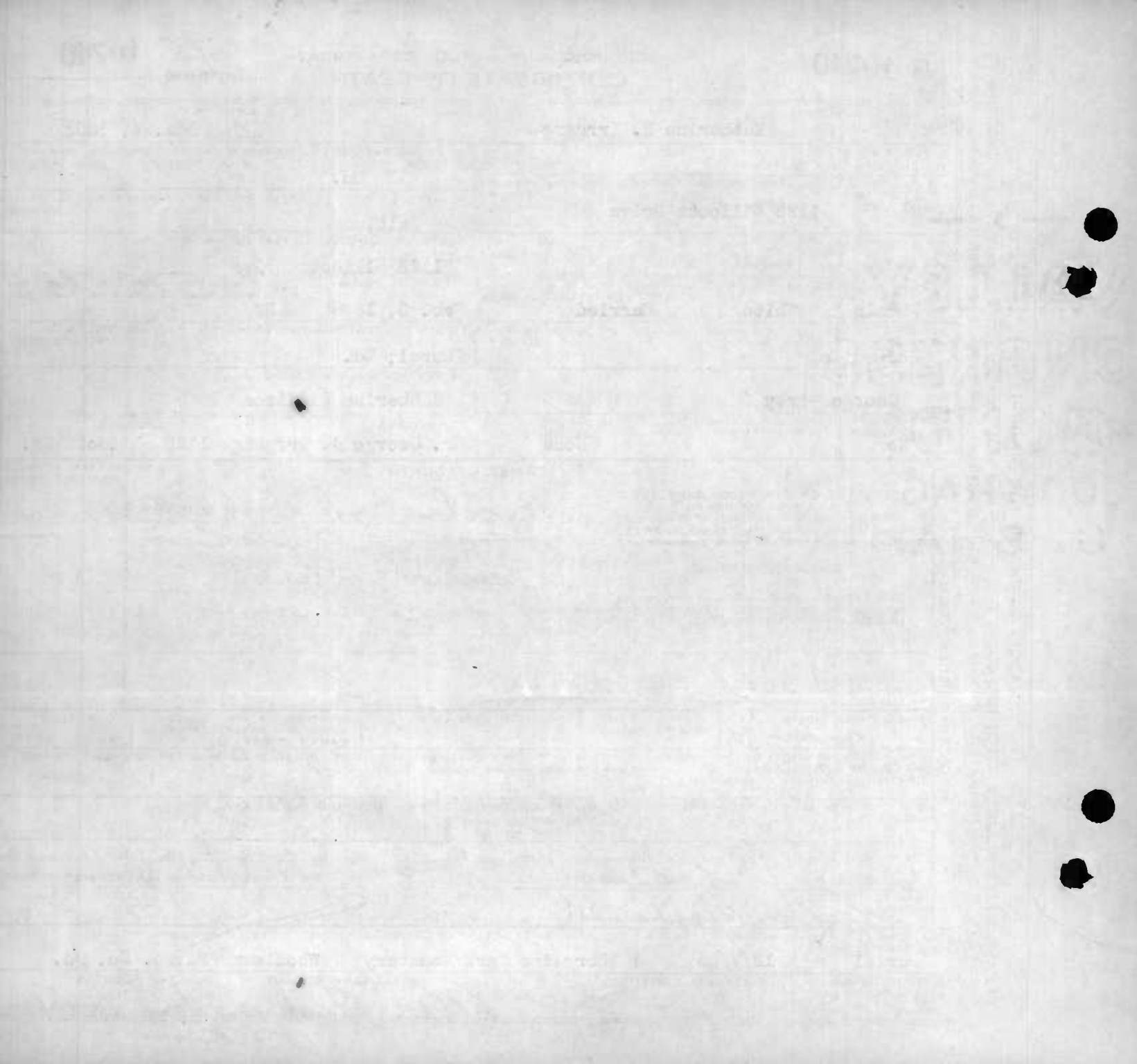
Huntington Williams

25. FUNERAL DIRECTOR

Wm. Fickertson

ADDRESS

RA Ramon 17



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

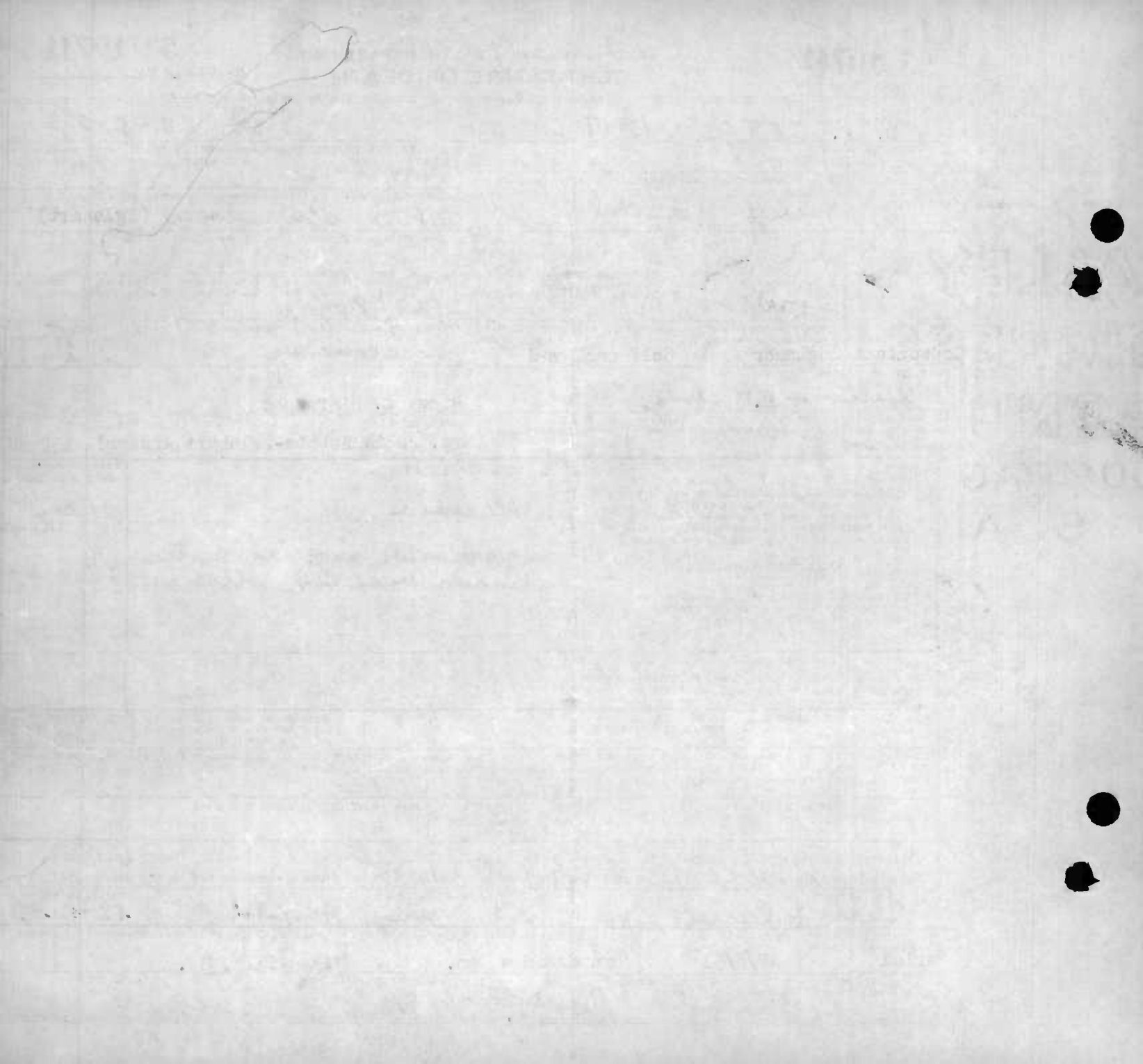
K-132
53 10741

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10741
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) D. E. OTTO KUBITZ		2. DATE OF DEATH 12-6-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY Anne Arundel		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) R.F.D. Annapolis (Iglehart)	
B. FULL NAME OF HOSPITAL OR INSTITUTION 37 Mercy Hospital		D. STREET ADDRESS (If rural, give location) 6200		c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX M	6. COLOR OR RACE W	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 3/27/76	9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consultant Engineer		10B. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME William P. Kubitz		14. MOTHER'S MAIDEN NAME Minna L. D'Argenne		17. INFORMANT Mrs. Julia Kubitz-Iglehart, Annapolis RFD, Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown		16. SOCIAL SECURITY NO.		ADDRESS	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO Hypertensive arteriosclerotic cardiovascular disease				INTERVAL BETWEEN ONSET AND DEATH at least 42 days 3 1/2 mo +	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 12-1-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-1- , 19 53 to 12-6 , 19 53 , that I last saw the deceased alive on 12-6 , 19 53 , and that death occurred at 5:20 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Char. F. Carroll, Jr.		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 12-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/8/53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) Pikesville, Md.		24E. FUNERAL DIRECTOR Huntington Williams, 412 Wm. St.		24F. ADDRESS Balto 17, Md.	

DEC 7 - 1953
VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10742

BIRTH NO.

53 10742

1. NAME OF DECEASED
(Type or Print)

Harrow

Nina Tillson

2. DATE
OF
DEATH

Dec 5 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3204 W. Belvedere Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Apr. 29, 1875

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jeremiah J. Harrow

14. MOTHER'S MAIDEN NAME

Catherine Crittenden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marion Yates - Deltaville, Va.

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Dispositive Inquest thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William W. Smith

23B. CHIEF MEDICAL EXAMINER...
ASSISTANT MEDICAL EXAMINER...
M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED
Dec 6 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

12/7/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Deltaville, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickens & Sons

Batts 17, N. Md.

VS 151



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10743

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEONARD

CLAPP

2. DATE
OF
DEATH

December 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Baltimore City Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Dundalk

D. STREET ADDRESS (If rural, give location)

107 Polinski St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 10, 1916

9. AGE (In years
last birthday)

37

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Mickey Bros. Hauling

11. BIRTHPLACE (State or foreign country)

Turners Station, Md.

12. CITIZEN OF

WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Claude Clapp, N. C.

14. MOTHER'S MAIDEN NAME

Willie Ann Flood, Va.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E984x and 322.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wounds of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Acute alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

117 Balnew Ave.-Turner Station

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec. 4, 1953 about 2:45 A.M.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒21F. HOW DID INJURY OCCUR? Drew knife on
police; they shot him22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Joseph A. Gachin

23B. CHIEF MEDICAL EXAMINER
M.D. ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Dec. 4, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county)

Baltimore Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

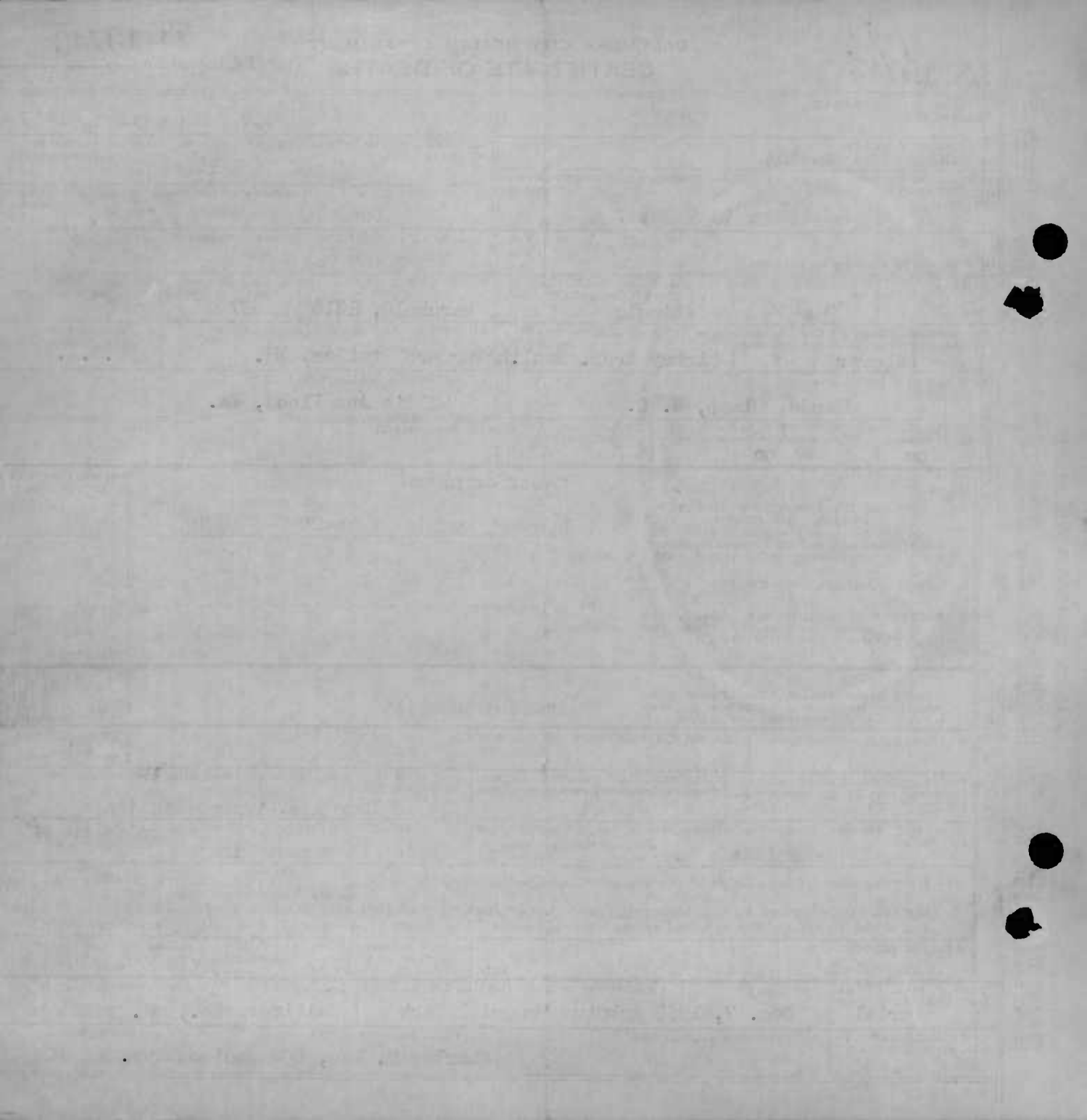
Charles R. Law, 802 Madison Ave.

ADDRESS

VS 151

N 862.4

97052

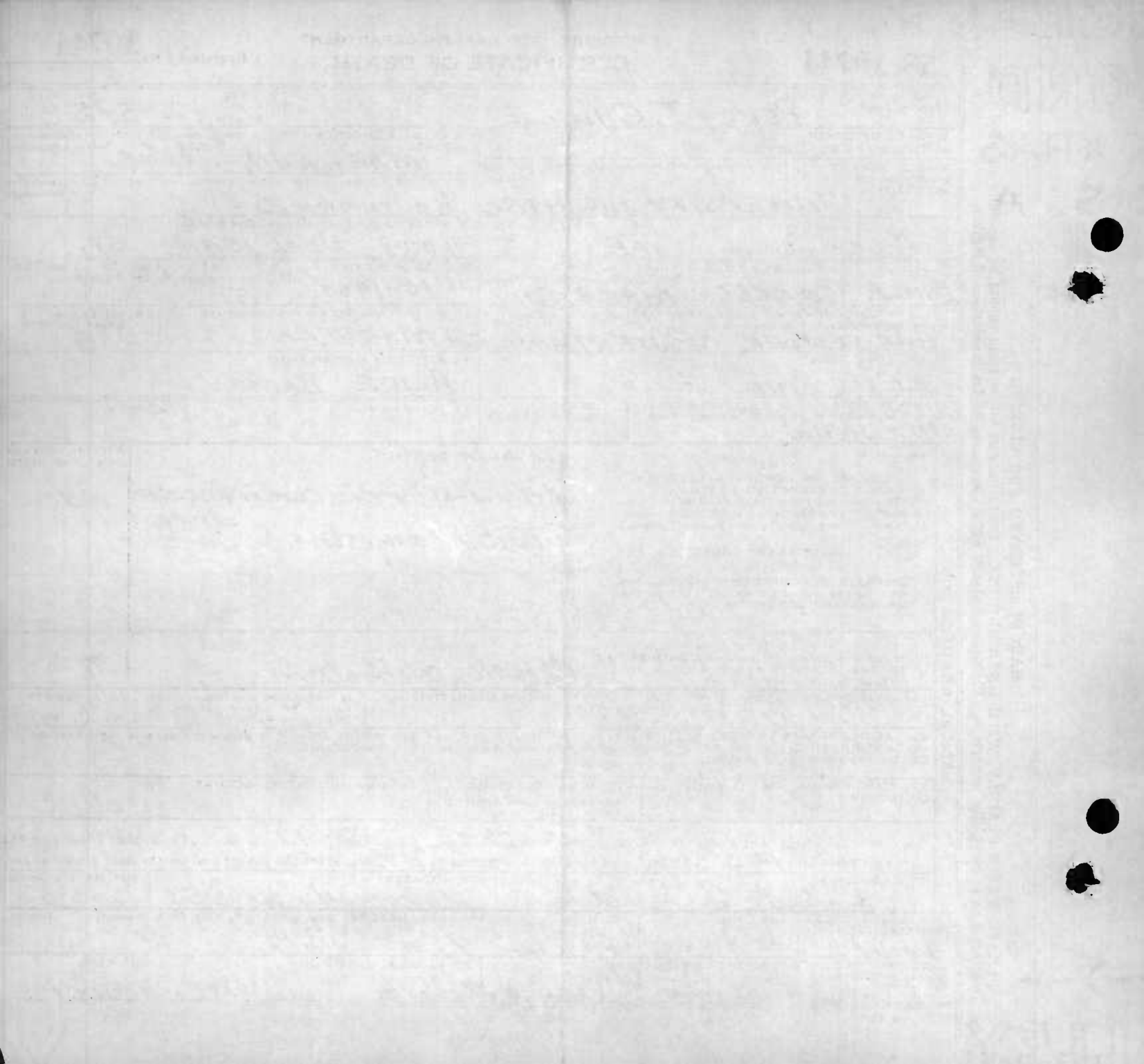


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Q-400 53 10744 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10744 Registered No.	
1. NAME OF DECEASED (Type or Print) PERCY I. QUILLE			2. DATE OF DEATH 12-5-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY NONE		
b. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-0		
c. Length of stay in Baltimore LIFE			d. STREET ADDRESS (If rural, give location) 1009 WOODYEAR ST.		
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-10-1900	9. AGE (In years last birthday) 53	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		10b. KIND OF BUSINESS OR INDUSTRY ENTERTAINMENT	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME LEE QUILLE			14. MOTHER'S MAIDEN NAME ALICE BROWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
18. 422.1 and 377.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arterio-sclerotic cardiovascular disease DUE TO With congestive failure ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic alcoholism			INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 3 yrs		
19a. DATE OF OPERATION ✓			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12-3 , 19 53 to 12-5- , 19 53 , that I last saw the deceased alive on 12-5- , 19 53 , and that death occurred at 11:30 pm. , from the causes and on the date stated above.					
23a. SIGNATURE Robert J. Singleton M. D.			23b. ADDRESS University Hospital		23c. DATE SIGNED 12-5-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-9-53	24c. NAME OF CEMETERY OR CREMATORY Arbutus Mem.	24d. LOCATION (City, town, or county) (State) Balt., Md.		
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Charles R. Law 802 Madison Ave.		

750 64



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10745

BIRTH NO. 53 10745

1. NAME OF DECEASED
(Type or Print) *Ernie Smith*2. DATE OF DEATH *Dec 5 - 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *21014 Goldspring*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *md*

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *Bar Wil Bar*CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Balto 14-03*c. Length of stay in Baltimore *?*Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
*1829 Madison Ave*5. SEX *M*6. COLOR OR RACE *C*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *m*8. DATE OF BIRTH *2/23/*9. AGE (in years last birthday) *57*If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
H. W. f. c.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) *Va*12. CITIZEN OF WHAT COUNTRY? *USA*13. FATHER'S NAME *Wm W. Johnson*14. MOTHER'S MAIDEN NAME *Nannie Saunders*15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
*no*16. SOCIAL SECURITY NO. *none*17. INFORMANT ADDRESS *Walter Johnson 2521 N. Hill*18. *260X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hemiplegia, left

(A)

DUE TO

ANTECEDENT CAUSES
Diabetes Melitus

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
?

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Dec. 1* to *Dec. 5*, 1953, that I last saw the deceased alive on *Dec. 4*, 1953, and that death occurred at *5:30 P.M.* from the causes and on the date stated above.23A. SIGNATURE *W. Johnson*23B. ADDRESS *403 Med Arts*23C. DATE SIGNED *12-5-53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *12/9/53*24C. NAME OF CEMETERY OR CREMATORY *Mulford*24D. LOCATION (City, town, or county) (State) *Mulford, Va*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *Huntington Williams*

25. FUNERAL DIRECTOR

ADDRESS *1303*

DEC 7 - 1953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-600 1
53 10746
BIRTH NO. 53-11546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10746

1. NAME OF DECEASED (Type or Print) *Jerome Moore*

2. DATE OF DEATH *Dec 4-1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Harriet Lane 4*

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE *Md*
B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write full name and give township)
Baltimore 14-03

7. STREET ADDRESS (If rural, give location)
1936 Brent St

8. DATE OF BIRTH *5-23-53*

9. AGE (In years last birthday) *6 months*

10. Length of stay in Baltimore *life*

11. SEX *male*

12. COLOR OR RACE *Colored*

13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Infant

15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country) *Balto. Md*

17. CITIZEN OF WHAT COUNTRY? *USA*

18. FATHER'S NAME

19. MOTHER'S MAIDEN NAME *Gladys*

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *no*

21. SOCIAL SECURITY NO. *none*

22. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. *571.0* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Acidosis*

DUE TO

ANTECEDENT CAUSES

(B) *Eclampsia*

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *7*

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-3*, 19*53* to *12-4*, 19*53*, that I last saw the deceased alive on *12-4*, 19*53*, and that death occurred at *7:50* m., from the causes and on the date stated above.

23A. SIGNATURE *Chunhogan*

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED *12/4/53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24B. DATE *12/7/53*

24C. NAME OF CEMETERY OR CREMATORY *Mt Auburn*

24D. LOCATION (City, town, or county) (State) *Balto. Md*

DATE RECEIVED BY LOCAL REGISTRAR *DEC 7-1953*

REGISTRAR'S SIGNATURE *Wilmington*

25. FUNERAL DIRECTOR *H. Kelson*

ADDRESS *1303*

VS 150

Prestman 80

Handwritten text, possibly a signature or name, located in the center of the page.

MARGIN RESERVED FOR BINDING

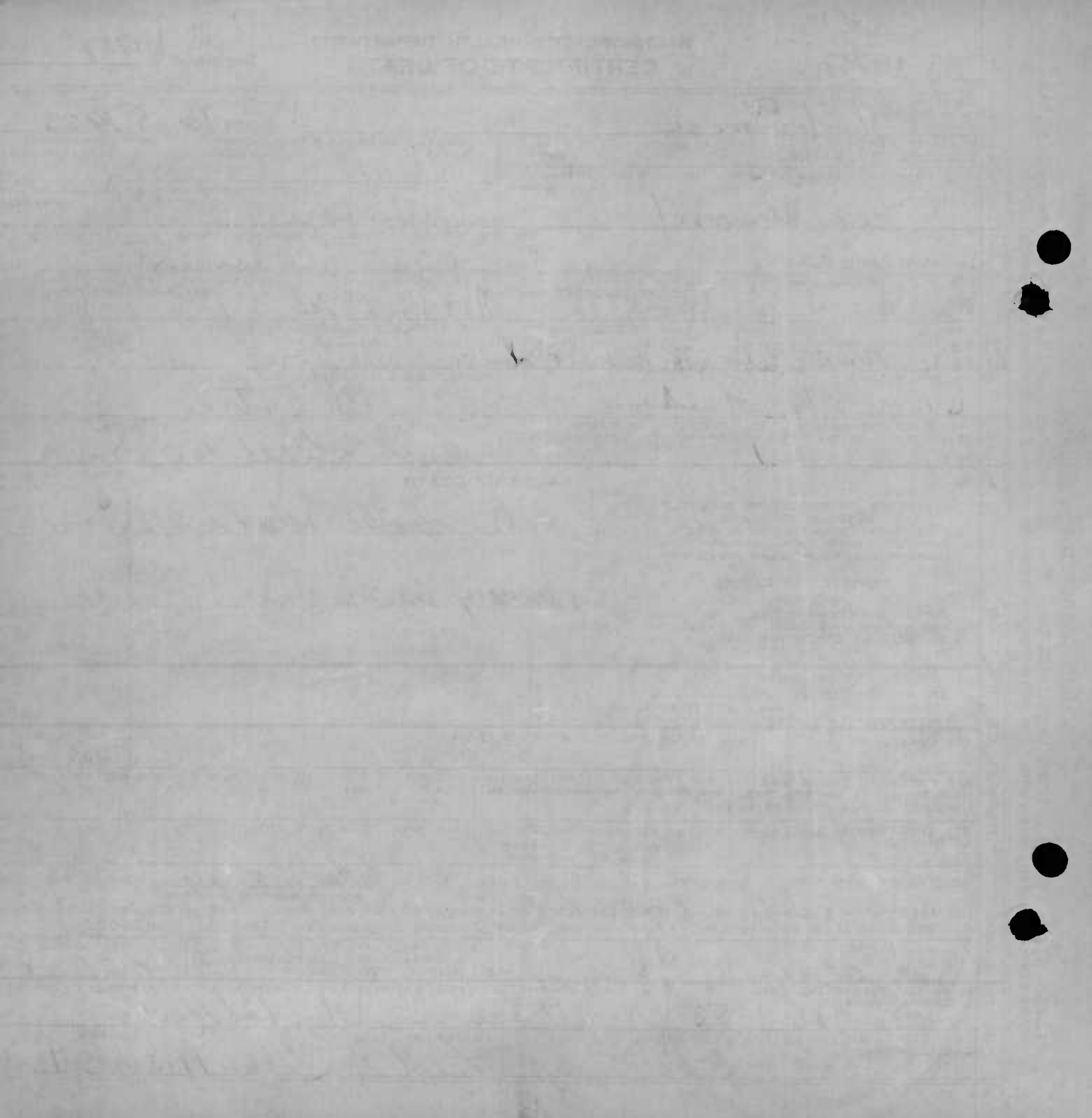
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-620 G200
53 10747
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10747
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Charles Greese</u>			2. DATE OF DEATH <u>Dec 5 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>md.</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Memorial</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>4030 The Alameda</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 11, 1892</u>		9. AGE (In years last birthday) <u>59</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elect. Construction Engineer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>The Howard P. Foley Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
13. FATHER'S NAME <u>Charles H. Greese</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Dietzel</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>W.W. 1</u>		17. INFORMANT <u>Robert H. Greese</u>	
18. <u>420.1</u>		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <u>Arteriosclerotic Cardiovascular Disease</u>			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <u>Coronary Arteriosclerosis</u>			
		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William W. Greese</u>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <u>Dec 6 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>12-8-53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Forrest Lawn</u>		24D. LOCATION (City, town, or county) (State) <u>Norfolk, Va.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 1 - 1953</u>		REGISTRAR'S SIGNATURE <u>William W. Greese</u>		25. FUNERAL DIRECTOR <u>H. Cole</u> ADDRESS <u>1913 W. Balto. St.</u>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7-260
53 10748

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10748

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPHINE TESAR		2. DATE OF DEATH DEC. 6, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MD. b. COUNTY BALTO.	
b. FULL NAME OF HOSPITAL OR INSTITUTION 713 CEDARCROFT ROAD		c. CITY OR TOWN (If outside corporate limits, write rural and give township) BALTO.	
c. Length of stay in Baltimore 55 YRS.		d. STREET ADDRESS (If rural, give location) 713 CEDARCROFT RD.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 15, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	9. AGE (In years last birthday) 74
11. BIRTHPLACE (State or foreign country) AUSTRIA		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME STEPHEN SKRABEK		14. MOTHER'S MAIDEN NAME MARIE HALMLA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —	
17. INFORMANT JOSEPH F. TESAR		ADDRESS ABOVE	
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL SOFTENING (SCLEROTIC) DUE TO GENERALIZED ARTERIOSCLEROSIS INTERVAL BETWEEN ONSET AND DEATH 4 yrs		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. SENILITY DUE TO SENILITY INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION none		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	
21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 15, 1953 , to December 6, 1953 , that I last saw the deceased alive on December 1, 1953 , and that death occurred at 12:30 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE A. J. Chafetz		23b. ADDRESS Grioxont Rd	
23c. DATE SIGNED Dec 7 1953		23d. M. D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-9-1953	
24c. NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL		24d. LOCATION (City, town, or county) (State) BALTO. Co. MD.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR H.W. JENKINS & SONS Co.		ADDRESS 4905 YORK RD.	

VS 150

DR. A. S. CHALFANT
6210 YORK RD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-300

53 10749

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10749
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Sooter

2. DATE
OF
DEATH

Dec 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

723 S Highland Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

Mcs

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, with RURAL, and give township)

Balt

26-08

D. STREET ADDRESS (If rural, give location)

123 S Highland Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 6, 1882

9. AGE (In years
last birthday)

71

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Examiner

10B. KIND OF BUSINESS OR
INDUSTRY

Keylon Co

11. BIRTHPLACE (State or foreign country)

Balt

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

Peter Stallman

14. MOTHER'S MAIDEN NAME

Bertha Mueller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-21-82

17. INFORMANT

Augusta Abrahams

ADDRESS

123 S Highland Ave

18. 42010

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TOCoronary Occlusion
Anteroseptal Heart DiseaseINTERVAL BETWEEN
ONSET AND DEATH1 hr.
10 yrs.

ANTECEDENT CAUSES

(B) ...
DUE TO
(C) ...DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 28, 1946, to Dec. 6, 1953, that I last saw the
deceased alive on Dec. 5, 1953, and that death occurred at 8:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Phyllis S. Sooter

M. D.

23B. ADDRESS

121 S Highland Ave

23C. DATE SIGNED

12/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

London Pk

24D. LOCATION (City, town, or county)

Balt

(State)

Mcs

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 7 - 1953

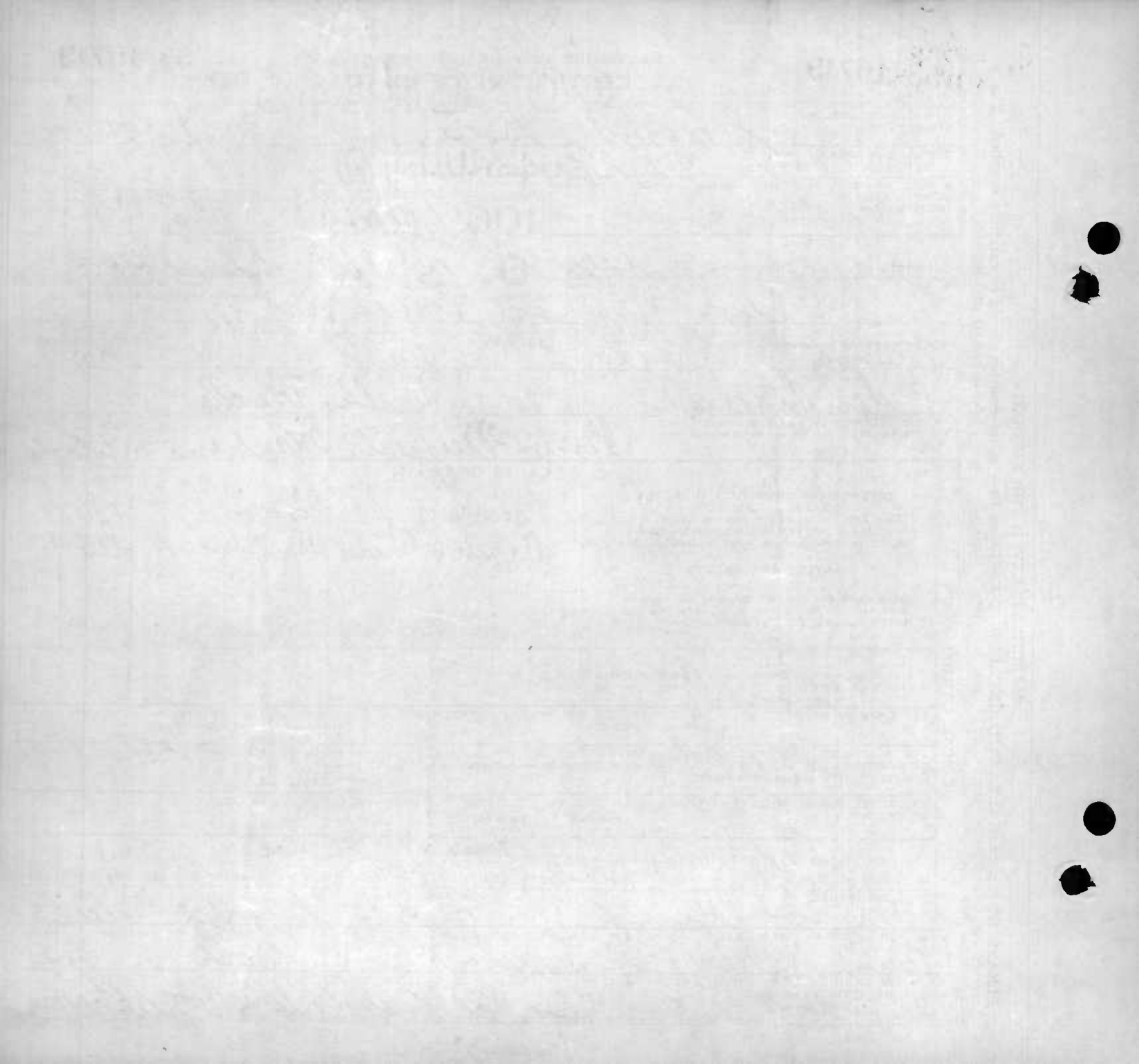
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

R. Howard Evans 1400 S Charles

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B. 560
53 10750
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10750

1. NAME OF DECEASED (Type or Print) Baumner, Ursula Mary			2. DATE OF DEATH December 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-03		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2810 Strathmore Avenue		
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH JAN. 10 - 1895		9. AGE (In years last birthday) 58 Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales lady		10B. KIND OF BUSINESS OR INDUSTRY May Company	11. BIRTHPLACE (State or foreign country) Baltimore - Md		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Charles Baumner			14. MOTHER'S MAIDEN NAME Elizabeth C. Frankenberg		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 217-20-8273	17. INFORMANT ADDRESS Mr. John L. Baumann SAME		
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Left ventricular failure DUE TO Essential hypertension DUE TO Pulmonary edema Nephrosclerosis					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from December 1, 1953 , to December 6, 1953 , that I last saw the deceased alive on Dec. 6, 1953 , and that death occurred at 5:25 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Algis E. Layman			23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED Dec. 6, '53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/9/1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) BALTO MD		24E. NAME OF FUNERAL DIRECTOR Leonard J. Ruck		24F. ADDRESS 5305 Harford	

BODY TAKEN BY

NAME _____

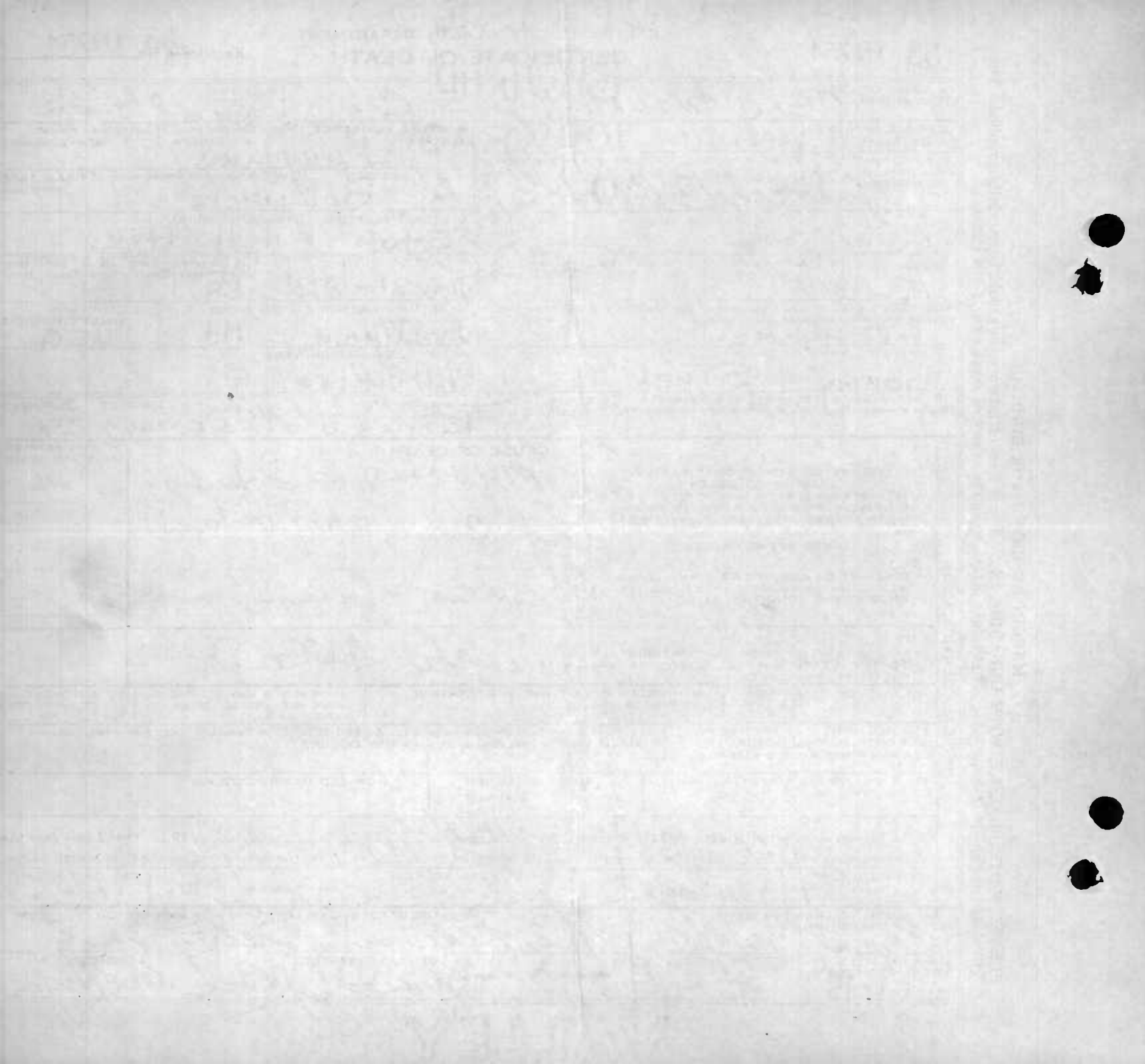
ADDRESS _____

DATE _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

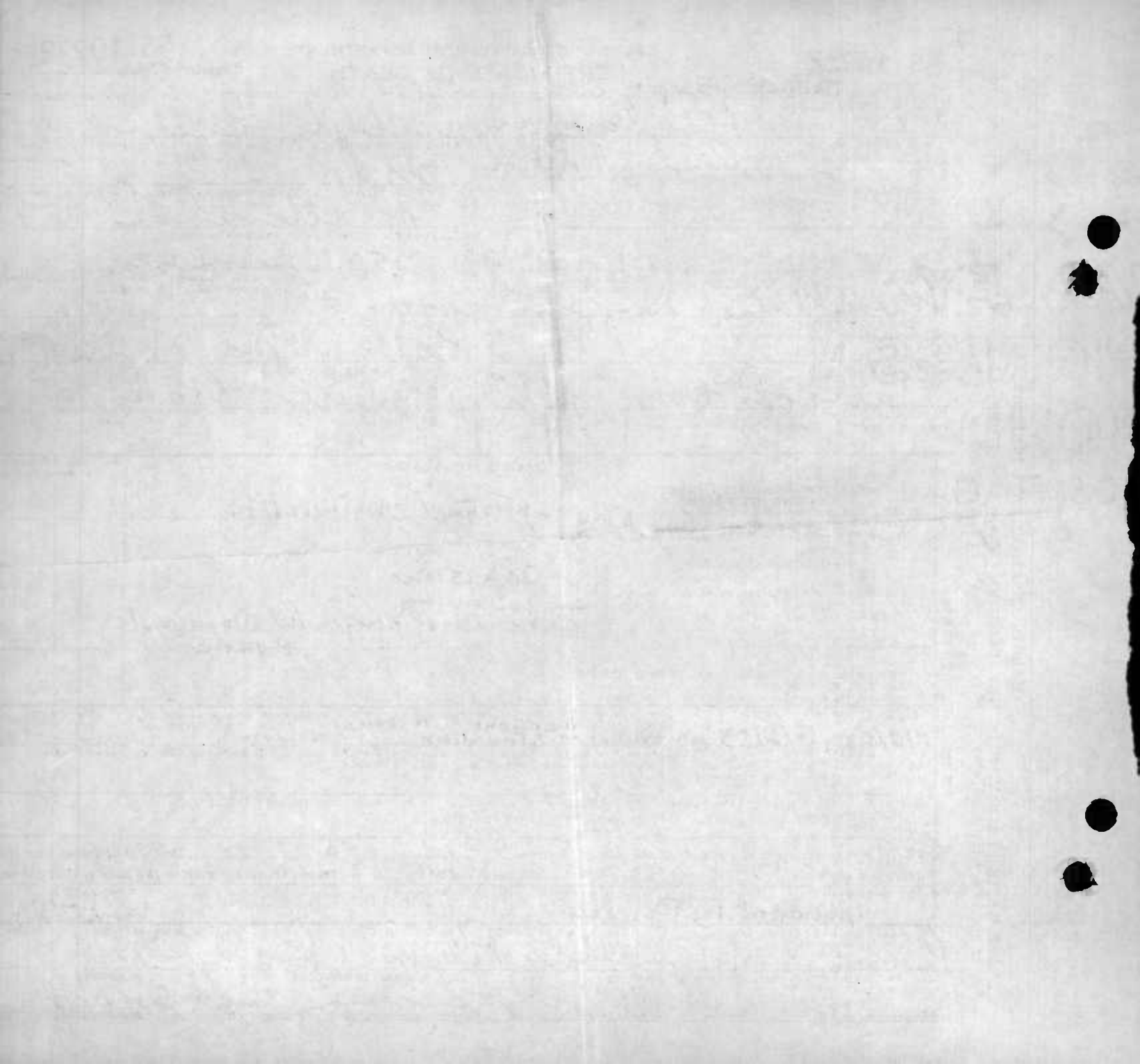
M-235		BALTIMORE CITY HEALTH DEPARTMENT		53 10751	
53 10751		BIRTH NO.		Registered No. 53 10751	
1. NAME OF DECEASED (Type or Print) <i>Mrs. DONOUGH, MARIE C.</i>			2. DATE OF DEATH <i>12/4/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-01</i>		
D. STREET ADDRESS (If rural, give location) <i>5406 KNEEL Ave.</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. <i>38</i> Mos. <i>1</i> Days <i>1</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, <u>MARRIED</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Dec. 21-1893</i>	9. AGE (In years last birthday) <i>59</i>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At home</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>HENRY STREB</i>			14. MOTHER'S MAIDEN NAME <i>Wilhelmina ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Patrick J. McDONOUGH SR</i>			ADDRESS <i>SAME</i>		
18. <i>420.1 and 260x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>MYOCARDIAL Infarction</i> (A) <i>Post- Coronary artery disease</i> (B) <i>Arterio - Sclerosis, generalized</i> (C) <i>Diabetes mellitus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>24-48 hrs</i>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>7</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/4/53</i> , 19 <i>53</i> , to <i>14/4/53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2/4</i> , 19 <i>53</i> , and that death occurred at <i>10 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>F. J. Borga</i>		23B. ADDRESS <i>2528 Maryland Ave</i>		23C. DATE SIGNED <i>12/6/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>12/9/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7-1953</i>		24F. REGISTRAR'S SIGNATURE <i>Harington Williams</i>	
24G. FUNERAL DIRECTOR <i>Leonard Luck</i>		24H. ADDRESS <i>3305 Bayford</i>			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10752		BALTIMORE CITY HEALTH DEPARTMENT		53 10752	
BIRTH NO. Patrick Joseph 3rd 82-25161		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		Dec. 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		26-03	
JOHNS HOPKINS HOSPITAL		D. STREET ADDRESS (If rural, give location)		3541 Juneway	
c. Length of stay in Baltimore		5. SEX		6. COLOR OR RACE	
Male		White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Child		Infant		11-6-'53	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		9. AGE (In years last birthday)	
Patrick Joseph JR		Mary Low Reavis		29	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country)	
				Balto Md	
17. INFORMANT		ADDRESS		12. CITIZEN OF WHAT COUNTRY?	
JOHNS HOPKINS HOSPITAL				USA	
18. 561.4		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Intestinal obstruction			
ANTECEDENT CAUSES		(B) Adhesions			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Following repair of congenital diaphragmatic hernia			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY?	
11/7/53, 12/2/53		Diaphragmatic Hernia		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-7-1953, to 12-4-1953, that I last saw the deceased alive on 12-4-1953 and that death occurred at 12:15 P. M., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
Margaret D. Bailey		JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		12/7/53		Holy Redeemer	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR		ADDRESS	
Balto Md		Leonard J. Ruck		5305 Bayford	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
DEC 7-1953		F. J. Williams		25. FUNERAL DIRECTOR	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-350
53 10753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10753

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Francis Cadden			2. DATE OF DEATH Dec. 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write FULL name and give township) BALTIMORE 24-01					
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1346 E. Fort Ave #30					
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 18 June 1908		9. AGE (In years last birthday) 45	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Weigher			10B. KIND OF BUSINESS OR INDUSTRY Chemical			11. BIRTHPLACE (State or foreign country) Md.		
13. FATHER'S NAME Anthony P. Cadden			14. MOTHER'S MAIDEN NAME Margaret Burns			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Hosp. Records		ADDRESS		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction CAUSE OF DEATH (A) Myocardial Infarction DUE TO (B) Coronary Artery Disease DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 6 hrs.								
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Dec 4 19 53 , to Dec 4 19 53 that I last saw the deceased alive on Dec 4 19 53 and that death occurred at 11:20 p.m., from the causes and on the date stated above.								
23A. SIGNATURE Richard E. Bush			23B. ADDRESS M. D. Lutheran Hospital			23C. DATE SIGNED Dec 4 53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/9/1953		24C. NAME OF CEMETERY OR CREMATORY Cathedral		24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR DEC 7 - 1953		REGISTRAR'S SIGNATURE Montgomery Williams, Jr.		25. FUNERAL DIRECTOR Fleming & Fleming		ADDRESS 1426 Light St.		

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-543
58-107545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

58-10754
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary B. Hamilton

2. DATE
OF
DEATH

12/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

40 715 Newington Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

715 Newington Ave.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 16, 1866

9. AGE (In years last birthday)

87

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Kennard

14. MOTHER'S MAIDEN NAME

J. Emma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Andrew S. Hamilton Newington Ave

18.

422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocard. Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Arteriosclerosis

(C)

Pulmonary Embolism

Acute Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

3 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1953, to Dec 4, 1953, that I last saw the deceased alive on Dec 3, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. G. Geyer

23B. ADDRESS

156 W. Weldon Ave.

23C. DATE SIGNED

12/5/53

24A. BURIAL - CREMATION REMOVAL (Specify)

Burial

24B. DATE

12/7/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul St.

DEC 7 - 1953

VS 150

1966 . 87

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-320		BALTIMORE CITY HEALTH DEPARTMENT		53 10755	
53 10755		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Charles O. Fitze Sr.</i>			2. DATE OF DEATH <i>Dec. 5, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph's Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write township) <i>Baltimore</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>2616 East Preston St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 1, 1892</i>	9. AGE (In years last birthday) <i>61</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Car Inspector</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Pennsylvania R.R.</i>		
11. BIRTHPLACE (State or foreign country) <i>Reisterstown - Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13. FATHER'S NAME <i>Joshua P. Fitze</i>			14. MOTHER'S MAIDEN NAME <i>Laura Cook</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>716-01-6656</i>		
17. INFORMANT <i>Lorraine E. Fitze</i>			ADDRESS <i>-2616 E. Preston St.</i>		
18. <i>420.1</i> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) <i>Coronary Thrombosis</i> DUE TO					
ANTECEDENT CAUSES					
(B) <i>Arterio-Sclerosis</i> DUE TO					
(C)					
INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 6 -</i> , 1953, to <i>Dec 5</i> , 1953, that I last saw the deceased alive on <i>Dec 5</i> , 1953, and that death occurred at <i>3 P. m.</i> , from the causes and on the date stated above					
23A. SIGNATURE <i>E. Gill Hall Md</i>		23B. ADDRESS <i>1631 E North Ave</i>		23C. DATE SIGNED <i>Dec 6-1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-8-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cem.</i>	
24D. LOCATION (City, town, or county) <i>North Ave. - Balto. Md.</i>		24E. FUNERAL DIRECTOR <i>John C. Miller Inc.</i>		24F. ADDRESS <i>-2431 E. Oliver St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7 - 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, Md</i>		VS 150	

533 50

53 10756

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10756
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) OSCAR		2. DATE OF DEATH 12-6-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 20		D. STREET ADDRESS (If rural, give location) 936 W. Lombard Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/14/1904
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10B. KIND OF BUSINESS OR INDUSTRY B & O R.R.	9. AGE (In years last birthday) 49
13. FATHER'S NAME Charles T. Travis		11. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. -		14. MOTHER'S MAIDEN NAME Effie M. Smith	
17. INFORMANT Mrs Lena L. Travis		ADDRESS 936 W. Lombard St.	

18. **42010**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic and Hypertensive**
Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
(C)
(D)
(E)
(F)
(G)
(H)
(I)
(J)
(K)
(L)
(M)
(N)
(O)
(P)
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(R)
(S)
(T)
(U)
(V)
(W)
(X)
(Y)
(Z)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

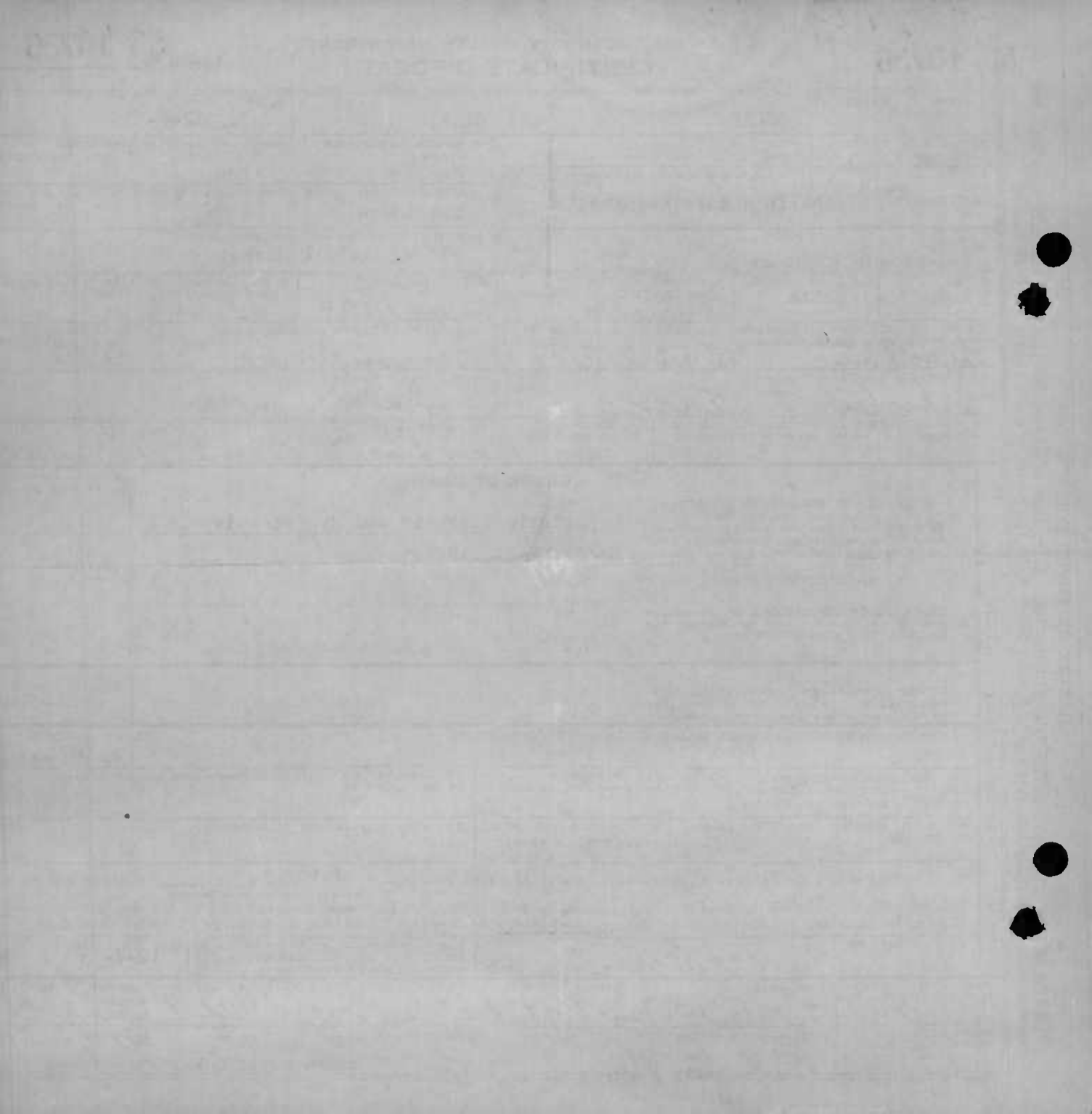
R. Fisher23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED **12-7-53**24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE **12/10/53**24C. NAME OF CEMETERY OR CREMATORY
New Cathedral Cem.24D. LOCATION (City, town, or county), (State)
4300 Old Breckneck Rd. St.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

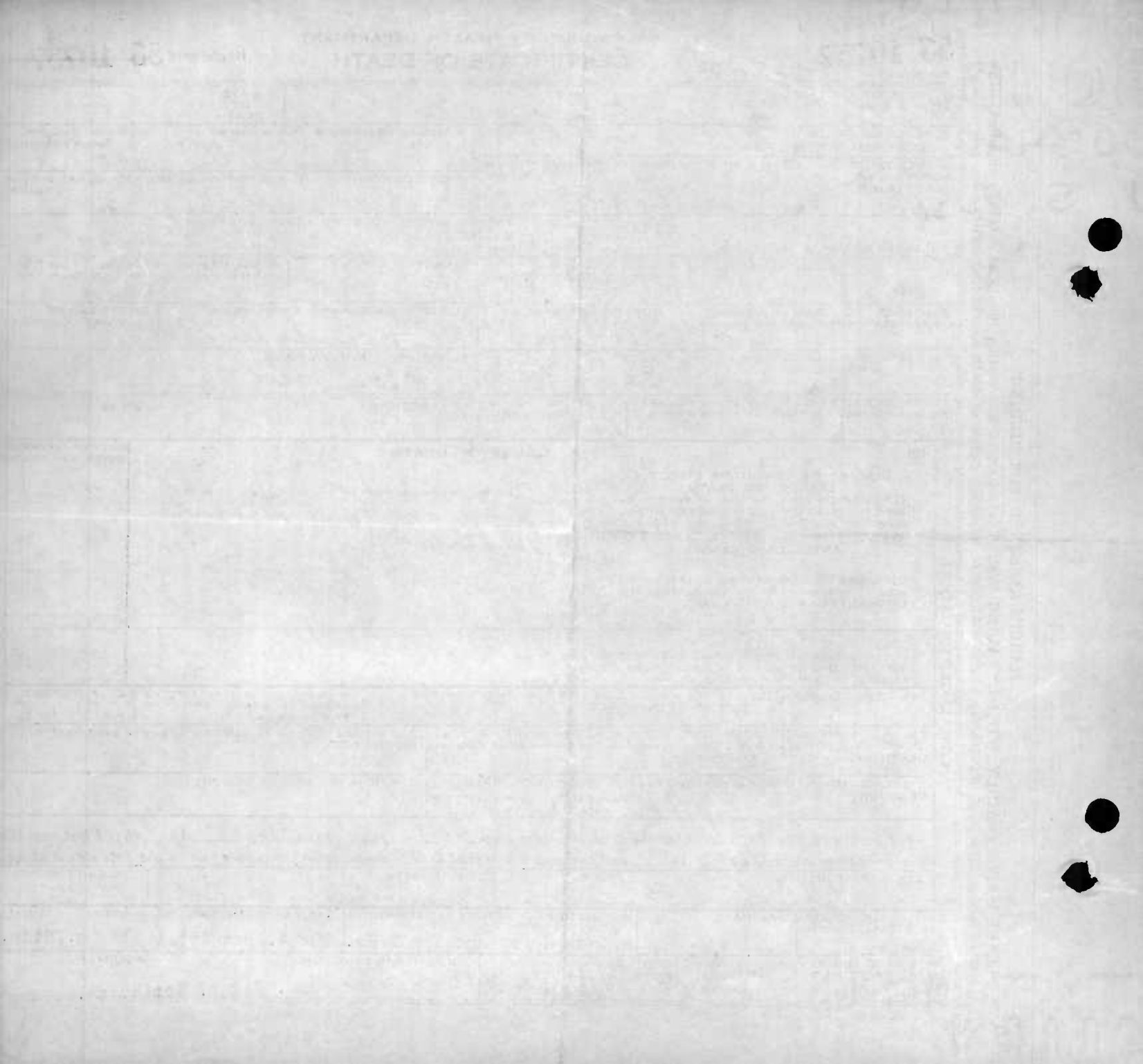
ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 200 53 10757		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10757	
1. NAME OF DECEASED (Type or Print) <i>Paul Ess</i>			2. DATE OF DEATH <i>12/6/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>2 mo 20 da</i>			D. STREET ADDRESS (If rural, give location) <i>206 Cedar Drive</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>—</i>	8. DATE OF BIRTH <i>9/16/53</i>	9. AGE (In years last birthday) <i>2 20</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>		
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			12. CITIZEN OF WHAT COUNTRY? <i>—</i>		
13. FATHER'S NAME <i>Richard Ess</i>			14. MOTHER'S MAIDEN NAME <i>Ellen Mc Mahon</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>—</i>		
17. INFORMANT <i>—</i>			ADDRESS <i>—</i>		
18. <i>760.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			INTERVAL BETWEEN ONSET AND DEATH <i>2 mo</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) <i>Subarachnoid hemorrhage following precipitous delivery.</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(B) <i>—</i>		
19A. DATE OF OPERATION <i>0</i>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>12/1/53</i> , 19__, to <i>12/6/53</i> , 19__, that I last saw the deceased alive on <i>12/6/53</i> , 19__, and that death occurred at <i>9:30 A. M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William S. Kiser</i> M. D.			23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>12/7/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>Dec 7, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Malone-Heinrichs Fun'l Ho.</i>		24D. LOCATION (City, town, or county) (State) <i>902 W. Broadway (11) Minn., Minn.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7 - 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Joseph Farace Inc. 712 E. North Ave.</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8-530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10758

BIRTH NO. 10758

1. NAME OF DECEASED
(Type or Print)

Joseph W. Smith

2. DATE
OF
DEATH

December 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institutions residence before admission)
A. STATE
Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

606 S. Eaton Street

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

606 S. Eaton Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

May 24, 1874

9. AGE (In years last birthday)

79

10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY
Commission Business

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

J. Franklin Smith

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
216-03-0990A

17. INFORMANT ADDRESS
Mrs. Julia B. Thompson, 402 Rossiter Ave.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1 1953 to 12-4 1953 that I last saw the deceased alive on 12-3 1953 and that death occurred at 5 A m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE

12/7/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 7-1953

Huntington Williams, M.D.

Wm. Book, Inc.

1217 St. Paul Street

57 1078

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-250
58 10759

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10759
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary Jackson</i>		2. DATE OF DEATH <i>12-3-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>16-01</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		D. STREET ADDRESS (If rural, give location) <i>175 Harlem Ave.</i>		E. Yrs. Mos. Days <i>32</i>	
c. Length of stay in Baltimore		8. DATE OF BIRTH <i>May 1909</i>		9. AGE (In years last birthday) <i>44</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>		11. BIRTHPLACE (State or foreign country) <i>China</i>	
13. FATHER'S NAME <i>Mr. Clives</i>		14. MOTHER'S MAIDEN NAME <i>Salda</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Nina J. Brown</i>	
18. <i>260x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Toxemia</i>		CAUSE OF DEATH <i>Toxemia</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Diabetic ulcer, Infected, Pt.</i>		(A) DUE TO <i>Diabetic ulcer, Infected, Pt.</i>		(B) DUE TO <i>Infected leg</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetic Acidosis</i>		(C) DUE TO		(D) DUE TO	
19A. DATE OF OPERATION <i>12-3-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-30-53</i> to <i>12-3-53</i> that I last saw the deceased alive on <i>12-3-53</i> , and that death occurred at <i>12:15</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. H. Brown</i>		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>12-4-53</i>	
24A. BURIAL OR CREMATION REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/9/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Flattown Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Chinax Gar</i>		25. FUNERAL DIRECTOR <i>Chas. G. Cooper</i>		ADDRESS <i>512 Carroll Ave</i>	

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A MAY 5 1956
53-10760

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10760

1. NAME OF DECEASED (Type or Print)		Fannie Andrews		2. DATE OF DEATH		Dec. 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balti. City</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 40 yrs.				D. STREET ADDRESS (If rural, give location) 1234 N. Eden St.			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH June 12, 1895	9. AGE (In years last birthday) 58	If Under 1 Year Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Domestic				10B. KIND OF BUSINESS OR INDUSTRY Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ?				14. MOTHER'S MAIDEN NAME ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT B. C. H. 4940 Eastern Ave. (records)		ADDRESS	
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular accident DUE TO ANTECEDENT CAUSES Uremia Diabetic Melitus DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)						INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-25, 1953 to 12-3, 1953, that I last saw the deceased alive on 12-3, 1953, and that death occurred 11:45p.m., from the causes and on the date stated above.							
23A. SIGNATURE H. J. Wilson				23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 12-3-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-8-53		24C. NAME OF CEMETERY OR CREMATORY Int. Calvary Ave		24D. LOCATION (City, town, or county) (State) Brooklyn Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE H. J. Wilson		FUNERAL DIRECTOR Chas. O. Wilson		ADDRESS Baltimore Md	

7-2081

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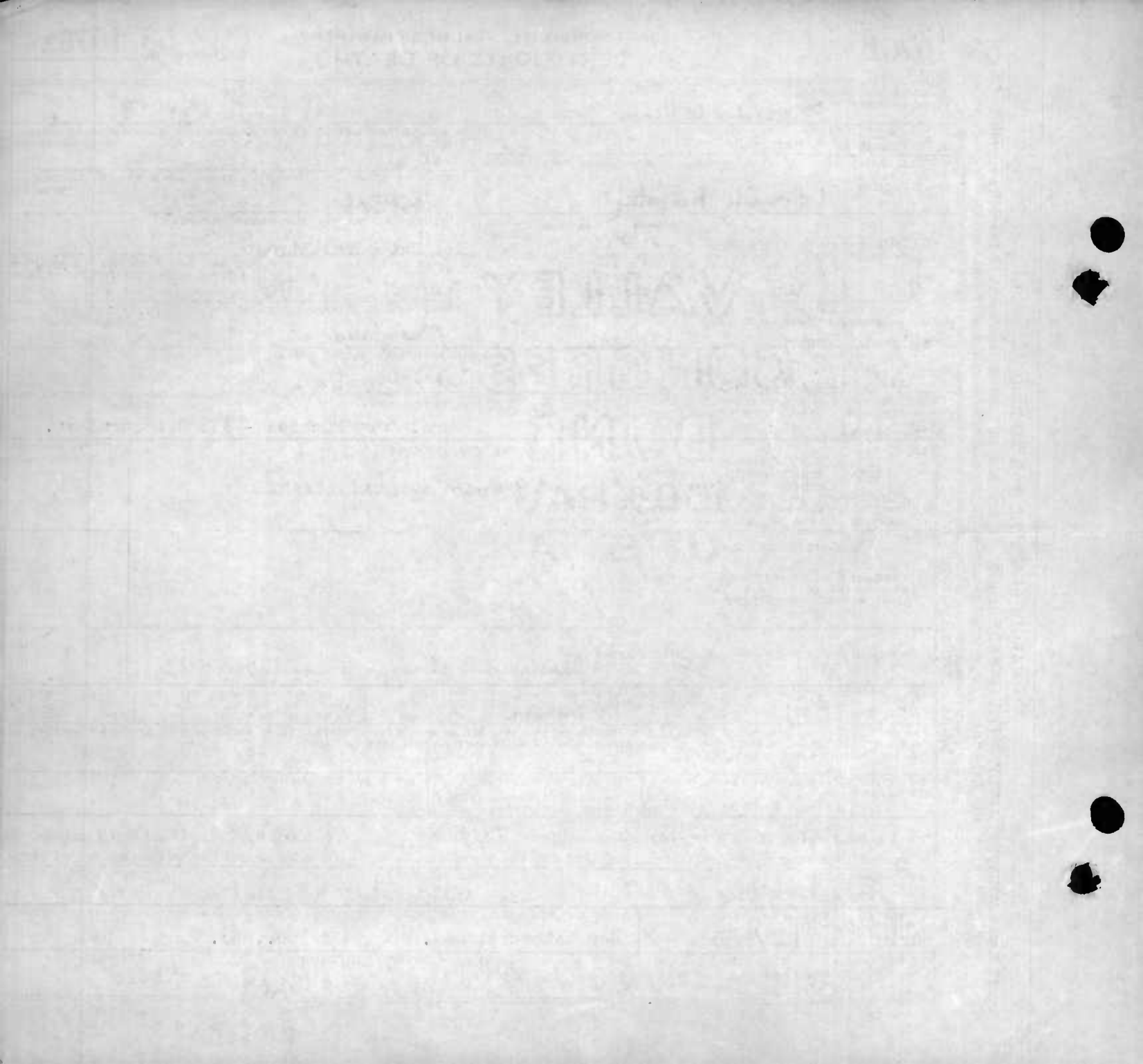
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-2 40 10761		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10761 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Michael. William W</i>		2. DATE OF DEATH <i>12/5/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>4-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital.</i>		D. STREET ADDRESS (If rural, give location) <i>311 Cathedral Street</i>			
c. Length of stay in Baltimore <i>76</i>		5. SEX <i>M.</i>		6. COLOR OR RACE <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>7/2/77</i>		9. AGE (In years last birthday) <i>76</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Steward</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Hotel</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>William Michael</i>		14. MOTHER'S MAIDEN NAME <i>Mary Lewis</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>unknown</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs. Mary Michael - 311 Cathedral St.</i>	
18. <i>331X and 151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebrovascular accident</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>12 h.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Carcinoma of stomach & carcinomatosis</i>		?	
19A. DATE OF OPERATION <i>Aug. 1951</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Carcinoma of stomach.</i>		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/4/53</i> , 19__, to <i>12/5/53</i> , 19__, that I last saw the deceased alive on <i>12/5/53</i> , 19__, and that death occurred at <i>3:00 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert W. G. Giles</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>12/5/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/9/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>		25. FUNERAL DIRECTOR <i>Thos. J. Vickner & Sons</i>		ADDRESS <i>Balto 17, Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7 - 1953</i>		REGISTRAR'S SIGNATURE <i>Thos. J. Vickner & Sons</i>			
VS 150					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10762

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS EMMA HARDY

2. DATE
OF
DEATH

Dec-6-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

116 S. CALHOUN ST

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 19-03

D. STREET ADDRESS (If rural, give location)

116 S. CALHOUN ST

c. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

4-10-1874

9. AGE (In years
last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN HARDY WORTH

14. MOTHER'S MAIDEN NAME

WORTH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

NO

17. INFORMANT

ADDRESS

Daniel Hardy, 1604 Hollins St

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 24, 1953, to Dec 6, 1953, that I last saw the
deceased alive on Dec 5, 1953, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Scagnetti

M. D.

23B. ADDRESS

1729 W. Lombard St

23C. DATE SIGNED

12/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Dec. 8-53

24C. NAME OF CEMETERY OR CREMATORY

Worship Cemetery

24D. LOCATION (City, town, or county)

Edmondson Ave

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. Williams, Jr.

25. FUNERAL DIRECTOR

THOMAS J. Kenny, Inc.

ADDRESS

DEC 7-1953

4

4-10-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10763		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10763	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Smith, Ethel Belle</i>		2. DATE OF DEATH <i>12-6-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		D. STREET ADDRESS (If rural, give location) <i>5507 Link Ave.</i>		E. Yrs. Mos. Days	
c. Length of stay in Baltimore <i>Life</i>	5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>12/15/03</i>	9. AGE (In years last birthday) <i>49</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Md. Casualty Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>George E. Smith</i>		14. MOTHER'S MAIDEN NAME <i>Katherine Becker</i>		17. INFORMANT ADDRESS (27) <i>Howard L. Bell 3211 Katherine Ave.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>212-10-3738</i>		18. <i>201X</i> CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Hodgkins Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>12-1-1953</i> to <i>12-6-1953</i> that I last saw the deceased alive on <i>12-6-1953</i> and that death occurred at <i>5:57</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Lewis C. Richmond, Jr., M. D.</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>12-6-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-9-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>B. Howard Strong 3207 W. North Ave.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 7-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>B. Howard Strong 3207 W. North Ave.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-465
53 10764
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10764
Registered No.1. NAME OF DECEASED
(Type or Print)

Charles De Lorenzo

2. DATE
OF
DEATH

12/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO. CITY

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Macy Hospital Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-0

c. Length of stay in Baltimore

5-5 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

232 Albemarle St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 26, 18

9. AGE (In years
last birthday)

65

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

Pennsylvania Rd.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

DOMINICK DELORENZO

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS 2325

CATHERINE DELORENZO Albemarle

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Congestive Failure

DUE TO

ANTECEDENT CAUSES

(B)

Septemic cardio-vascular disease

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4-1953, to 12-4-1953, that I last saw the
deceased alive on 12-4-1953, and that death occurred at 2:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

Thomas L. Jones

M. D.

23B. ADDRESS

Macy Hospital

23C. DATE SIGNED

12/4/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Road.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

KENNEDY J. DIPPEL 3125 Highland

ADDRESS

B-650 CERTIFICATE CORRECTED 12-14-53

53 10765

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10765

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Angela Bruno

2. DATE
OF
DEATH

Dec. 5th 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

J.H. Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

228 S. Ann St.

c. Length of stay in Baltimore

33

Yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 23-1953

9. AGE (In years
last birthday)

67 66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Vasto-Chieti (Italy)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Luigi Paolino

14. MOTHER'S MAIDEN NAME

Concetta Di Rosso

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Michelina Cinquino 3103 Taylor Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute coronary thrombosis

1 hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Acute cholecystitis lithiasis

3 days

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

arteriosclerosis cardiovascular renal
disease

1 year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 28, 1953, to Dec 5, 1953, that I last saw the
deceased alive on Dec 5, 1953, and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Decem. 9/53 Holy Redeemer Cemetery 4430 Belair Rd. Balt. md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

DEC 7-1953

Huntington Williams, M.D.

Frank Della Croce 322 S. High St.

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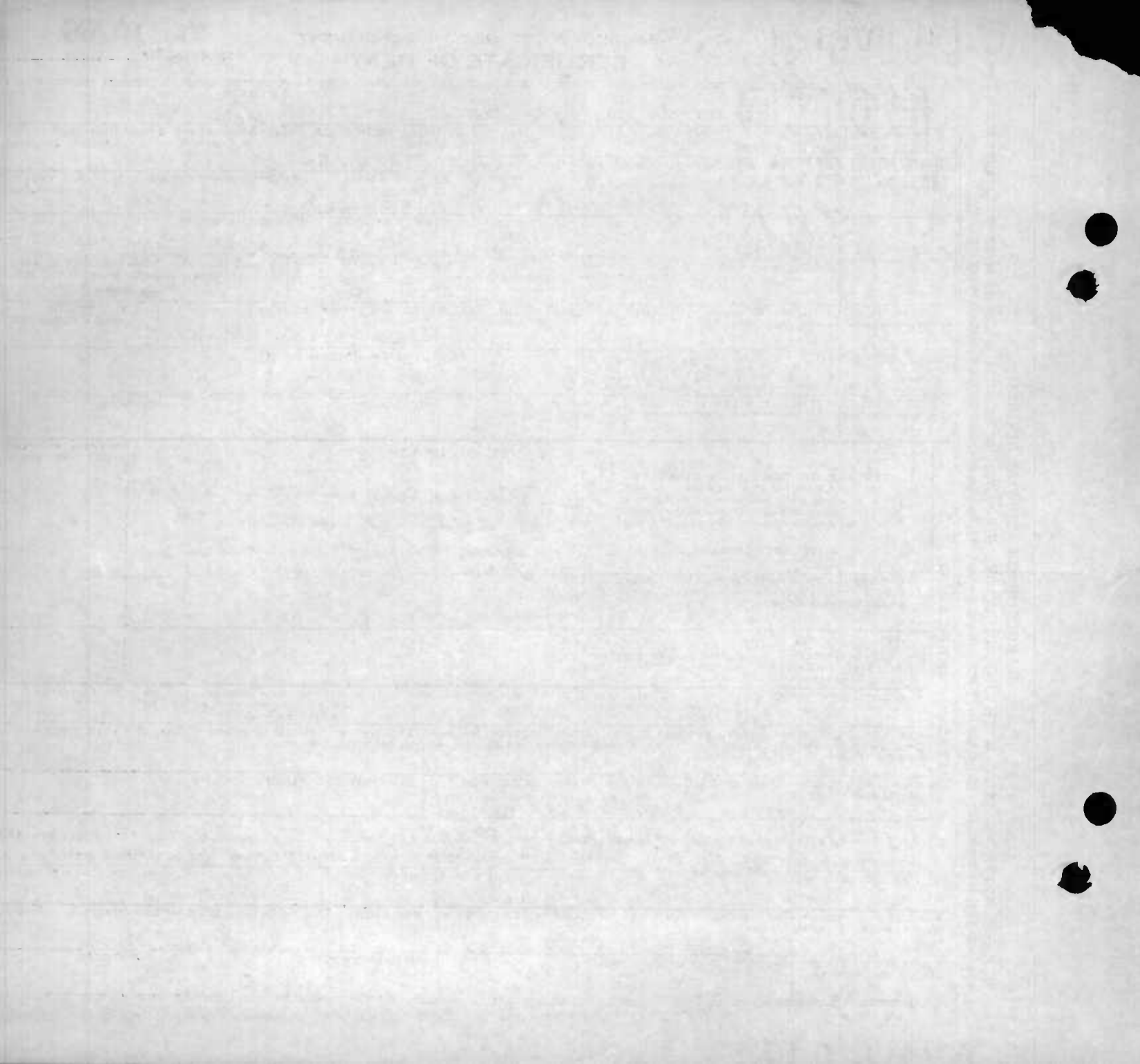
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

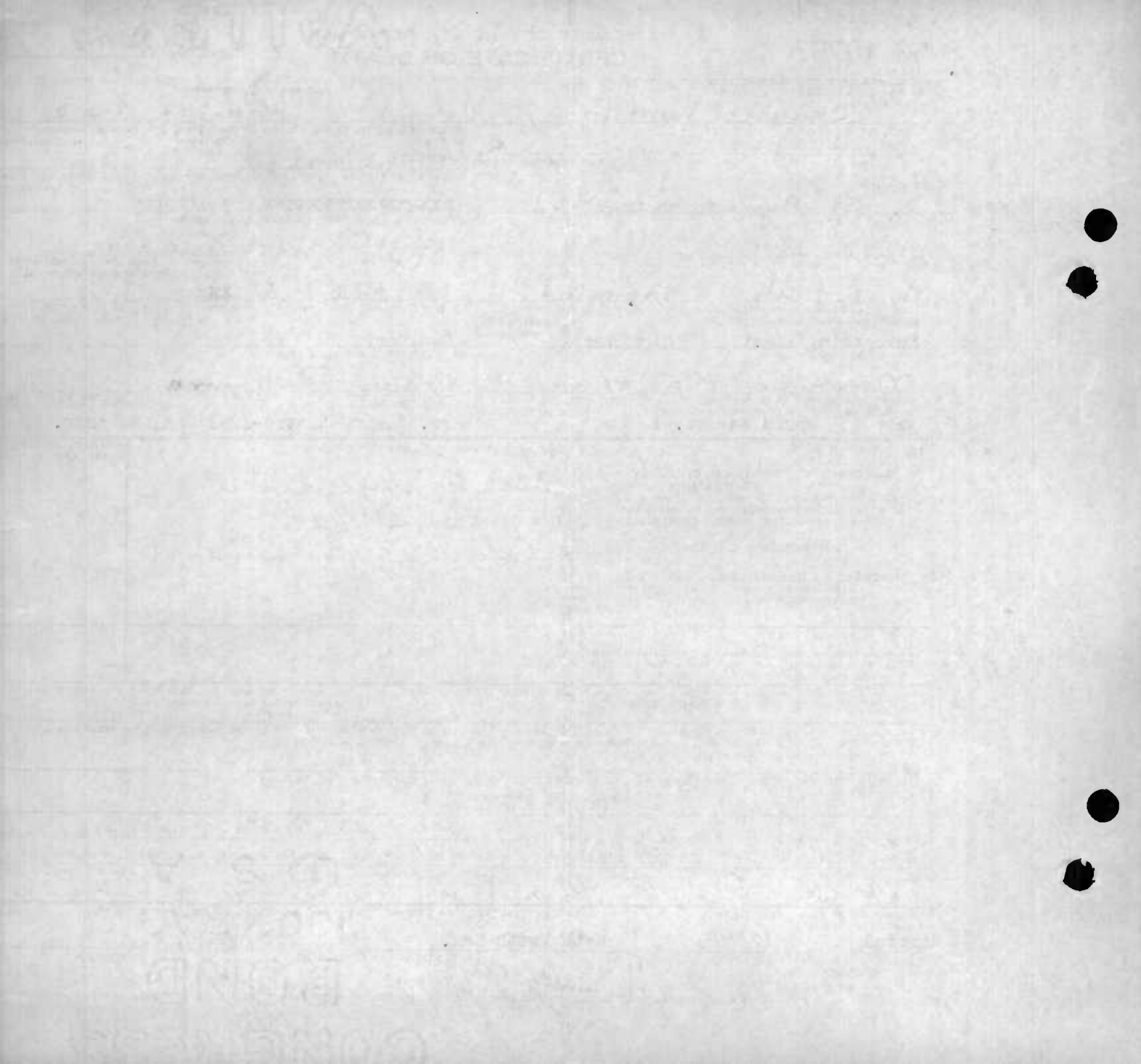
53 10768		BALTIMORE CITY HEALTH DEPARTMENT		53 10766	
BIRTH NO. <i>10768</i>		CERTIFICATE OF DEATH		Registered No. <i>53 10766</i>	
1. NAME OF DECEASED (Type or Print) <i>Barbara D. Palmer</i>			2. DATE OF DEATH <i>12/7/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Washington</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>38 University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>KEEDYSVILLE - RURAL</i>		
C. Length of stay in Baltimore <i>2</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>WASHINGTON COUNTY</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>—</i>	8. DATE OF BIRTH <i>8-12-51</i>	9. AGE (In years last birthday) <i>2</i>	If Under 1 Year: Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Keedysville Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>—</i>
13. FATHER'S NAME <i>Malcolm Palmer</i>			14. MOTHER'S MAIDEN NAME <i>?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS
18. <i>195X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Neuroblastoma - right adrenal gland & generalized metastasis</i> (B) <i>—</i> (C) <i>—</i>			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>9/28/53</i> , 19 <i>53</i> , to <i>12/6/53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/4/53</i> , 19 <i>53</i> , and that death occurred at <i>44 m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William S. Kiser</i> M. D.		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>12/7/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12-9-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Burial</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>James D. Stollman</i>		25. FUNERAL DIRECTOR <i>James D. Stollman</i>		ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 10767 Registered No.			
1. NAME OF DECEASED (Type or Print) Charles Kantro				2. DATE OF DEATH 12-7-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO.			
B. FULL NAME OF HOSPITAL OR INSTITUTION St Agnes Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bethesda Halethorpe			
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1231 Oakland Terrace			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12-19-1895	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Agent		10B. KIND OF BUSINESS OR INDUSTRY Aluminum		11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Maurice Kantro				14. MOTHER'S MAIDEN NAME Grace Pettigore			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. World War No. 1		17. INFORMANT ADDRESS Mrs. Claire Kantro-1231 Oakland Terr. /			
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute myocardial infection. DUE TO Coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5. Dec. , 19 53 , to 7. Dec. , 19 53 , that I last saw the deceased alive on 6. Dec. , 19 53 , and that death occurred at 1:20 A.M. , from the causes and on the date stated above.							
23A. SIGNATURE Benjamin Ochot				23B. ADDRESS 11. Agnes' Hospital		23C. DATE SIGNED 7. Dec. 53.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 12/7/53		24C. NAME OF CEMETERY OR CREMATORY Beth Emeth Cem.		24D. LOCATION (City, town, or county) (State) Loudonville, N. Y.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 7-1953		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR Wm. J. Dickner & Sons		ADDRESS Balto 17, Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-340
53 19768

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10768

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>DORA NEEDLE</i>		2. DATE OF DEATH <i>DEC 7 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>15-10</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>FINCH HOSP. OF BALTIMORE</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE, MD</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3602 Garrison Blvd.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>1883</i>	9. AGE (In years last birthday) <i>70</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>RUSSIA</i>	
13. FATHER'S NAME <i>Sidney Baer</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Forka?</i>	
17. INFORMANT <i>Sidney B. Needle</i>		ADDRESS <i>- 3403 Boncroft Rd</i>			
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i>		CAUSE OF DEATH (A) <i>Myocardial Infarction</i> DUE TO (B) <i>Coronary Occlusion</i> DUE TO (C)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>DEC 2, 1943</i> to <i>DEC 7, 1953</i> , that I last saw the deceased alive on <i>DEC 7, 1953</i> and that death occurred at <i>12:30</i> Am., from the causes and on the date stated above.					
23A. SIGNATURE <i>John P. Stafford</i>		23B. ADDRESS <i>Finch Hosp. of Balto</i>		23C. DATE SIGNED <i>12/7/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/19/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>City Chain Cong</i>	
24D. LOCATION (City, town or county) <i>Baltimore, Md.</i>		(State)			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8 - 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Sol. Levinson & Bros</i>	
VS 150		1953 00010766		ADDRESS <i>- 1124-26 W. North Avenue</i>	

G-436

53 10769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10769
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Goldress

2. DATE
OF
DEATH

Dec. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

3931 Greenmount Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-01

D. STREET ADDRESS (If rural, give location)

3931 Greenmount Avenue

c. Length of stay in Baltimore

65 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

1880

9. AGE (In years last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Inspector

10B. KIND OF BUSINESS OR INDUSTRY

Brush Factory

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Goldress

14. MOTHER'S MAIDEN NAME

Hannah?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Abe Goldress - 5809 Hamlin Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary occlusion (old + new) 1951

INTERVAL BETWEEN ONSET AND DEATH

(4 days)

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF OEAETH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1951, to Dec 7, 1953, that I last saw the deceased alive on Dec 5, 1953 and that death occurred at 8:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Aron Goldress

23B. ADDRESS

2900 Alameda Blvd

23C. DATE SIGNED

12/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/9/53

24C. NAME OF CEMETERY OR CREMATORY

Anshe Emunah

24D. LOCATION (City, town, county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

DEC 8-1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Sol. Levinson + Bros - 1124-26 W North Avenue

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Deputy Commissioner

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13-652

53 10770

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10770

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna T. Bornstein

2. DATE
OF
DEATH

Dec 7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3706 Nortonia Road

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore 15-13

c. Length of stay in Baltimore

40 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2609 Rosewood Avenue

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

Female

White

Widow

1880

73

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

Bo

14. MOTHER'S MAIDEN NAME

Sarah Ruth Cohen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Israel Bornstein - 2609 Rosewood Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Heart Disease

3 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 7, 1951, to Dec 7, 1953, that I last saw the
deceased alive on Dec 7, 1951, and that death occurred at 12:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Harold Levin

23B. ADDRESS

1818 Kensington Rd

23C. DATE SIGNED

Dec 7/53

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

12/8/53

24C. NAME OF CEMETERY OR CREMATORY

Agnes Ashm Ashm & Sons Baltimore, Md.

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

DEC 8-1953

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Sol. Levinson - Broa - 112 E - 26 W.

North Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10771

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN MICHAEL LAMBERT

2. DATE
OF
DEATH

DEC. 6-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3402 E. BALTIMORE

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3402 E. BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

26-44

D. STREET ADDRESS (If rural, give location)

3402 E. BALTIMORE ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

DEC. 20. 1877

9. AGE (In years

last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GROCER-RET.

10B. KIND OF BUSINESS OR INDUSTRY

GROCERY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

U.S.-A.

13. FATHER'S NAME

GEORGE LAMBERT

14. MOTHER'S MAIDEN NAME

FITZPATRICK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO-

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

EDWIN E. LAMBERT 7924 30TH ST-6.

18. 422.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Fatty or Fibrous degeneration
of Heart muscle.
Long standing.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Sept. 6, 1953 to Dec. 6, 1953 that I last saw the deceased alive on Dec 5, 1953 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Allen C. Reithman

23B. ADDRESS

3139 E. BALTIMORE

23C. DATE SIGNED

12-6-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

DEC. 9-1953

BALTIMORE

BALTIMORE MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 4210

DEC 8-1953

Huntington Williams

WILLIAM FUNERAL HOME BELAIR

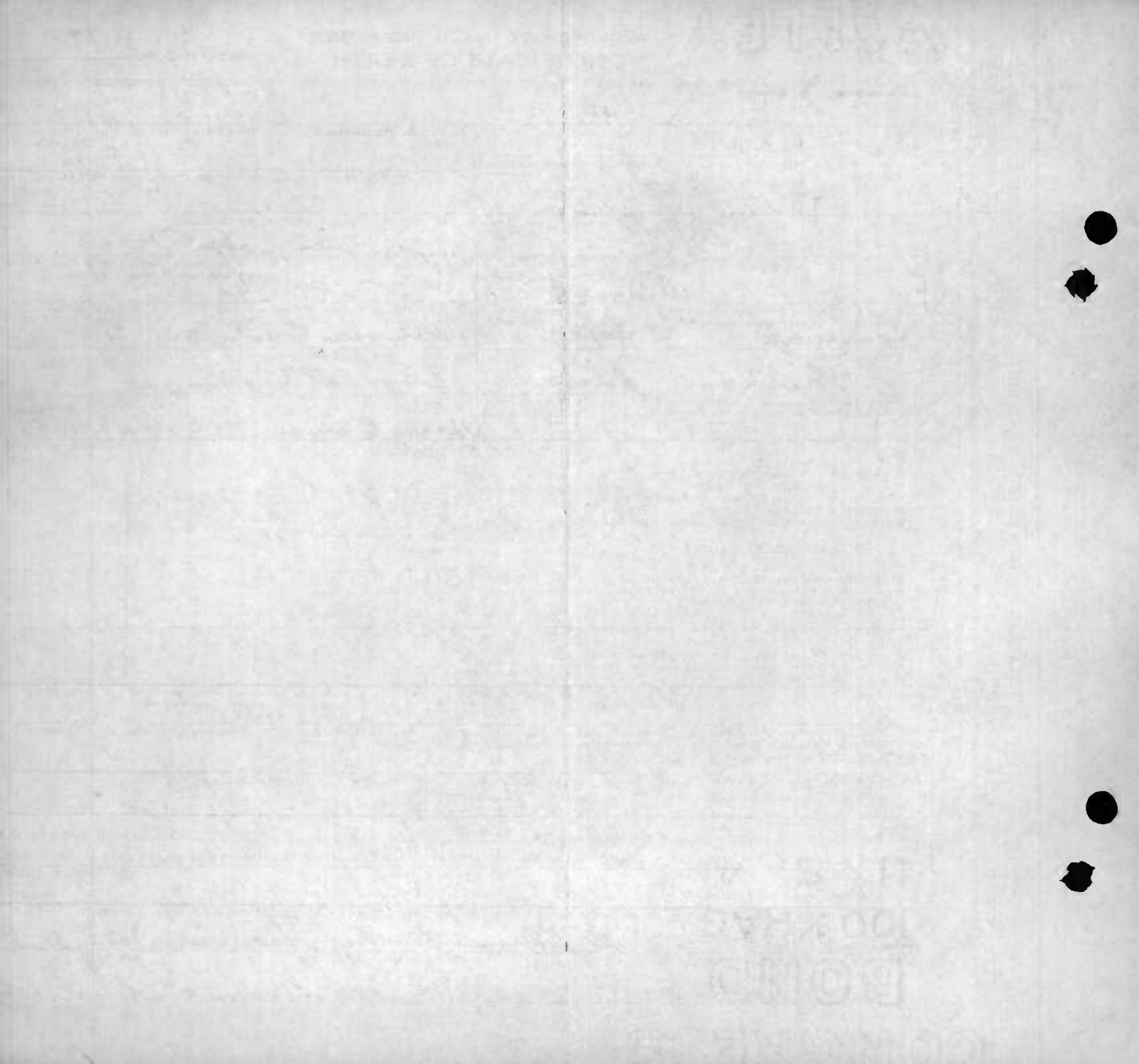
THE
GOLDEN
VALLEY



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 10772		Registered No. 53 10772	
CERTIFICATE OF DEATH							
1. NAME OF DECEASED (Type or Print)				Mrs Margaret E. Davis		2. DATE OF DEATH 12-7-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY D.C.			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 7927 Chesapeake Drive			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-3-1889		9. AGE (In years last birthday) 64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore County, Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME William Davis				14. MOTHER'S MAIDEN NAME Elizabeth Brown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Harry E. Davis, 7927 Chesapeake Drive			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) <u>Enter - septal myocardial infection.</u> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 6, 1953 to Dec. 7, 1953 that I last saw the deceased alive on Dec. 6, 1953 and that death occurred at 1:20 A. M., from the causes and on the date stated above.							
23A. SIGNATURE Hench Ochoa M.D.				23B. ADDRESS St. Agnes Hospital		23C. DATE SIGNED 12-7-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/10/53		24C. NAME OF CEMETERY OR CREMATORY St. Thomas Cemetery		24D. LOCATION (City, town, or county) (State) Harrison, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul St.	
DEC 8 - 1953 VS 150							

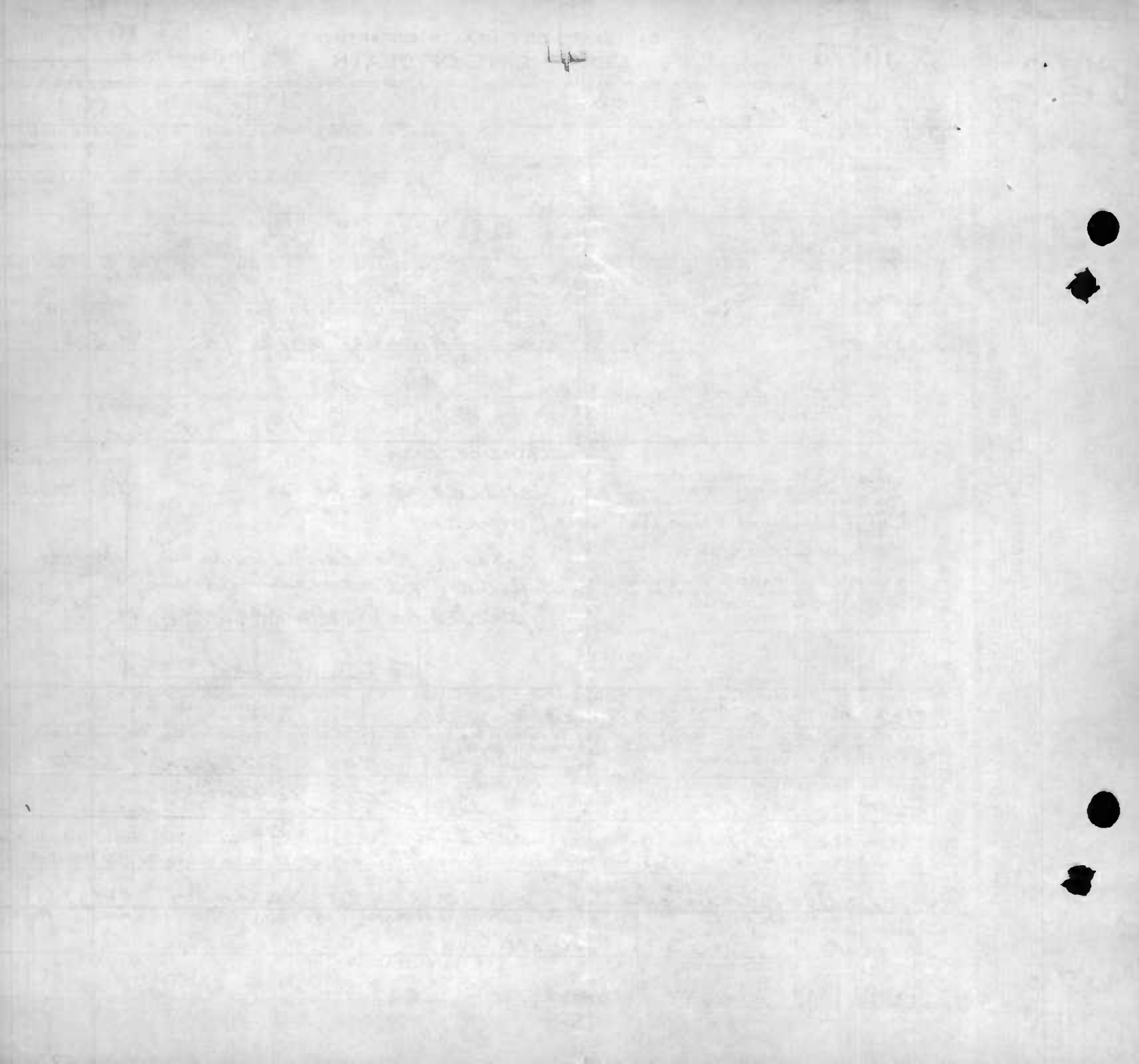


Dr. Bernard Cohen Maryland Apts. Bk. 5-4410

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10773 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10773 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Ella Eliz. Pratt</i>			2. DATE OF DEATH <i>12/5/1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>901 Cathedral st</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 11-02</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>901 Cathedral st.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3/11/1869</i>	9. AGE (In years last birthday) <i>84</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (State or foreign country) <i>Philadelphia Pa.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John C. Calhoun Snyder</i>			14. MOTHER'S MAIDEN NAME <i>Eloira</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Marion Wallie Cathedral st</i>		
18. <i>420.1 and E 90.40</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Cardiac insuff 2</i> DUE TO <i>Coronary</i> (B) <i>arteriosclerosis - renal</i> DUE TO <i>(Biliary x associated with)</i> (C) <i>operates for heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>few months</i> <i>Years</i> <i>Oct 20 - 1953</i>
19A. DATE OF OPERATION <i>Oct 20 - 1953</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>fractured femur</i>		19C. OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <i>901 Cathedral St.</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Oct 20, 1953</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Fall from floor</i>	
22. I hereby certify that I attended the deceased from <i>Oct 20, 1953</i> , to <i>Dec 5, 1953</i> , that I last saw the deceased alive on <i>Dec 5, 1953</i> , and that death occurred at <i>9:00 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. Bernard Cohen</i>			23B. ADDRESS <i>Maryland Apts Bk.</i>		23C. DATE SIGNED <i>12/2/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/8/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Rock Creek</i>		24D. LOCATION (City, town, or county) (State) <i>Washington D.C.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8 - 1953</i>		REGISTRAR'S SIGNATURE <i>William W. ...</i>		25. FUNERAL DIRECTOR <i>Book Inc. 1317 St. Paul St.</i>	
VS 150 <i>N-820.0</i>					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 10774		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10774 Registered No.	
1. NAME OF DECEASED (Type or Print) Richard S. Boblitz			2. DATE OF DEATH 12-6-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3217 Leeds STREET		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 25, 1903	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship Clerk		10B. KIND OF BUSINESS OR INDUSTRY Winston Business		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Jacob Boblitz		14. MOTHER'S MAIDEN NAME Birtie Hobbs		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Margaret Boblitz, 3217 Leeds St.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Diffuse bilateral pneumonia. DUE TO Pulmonary endarteritis. (B) Co. pneumonia. DUE TO old myocardial infection. (C)		
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Aug. 31, 1953 to Dec. 6, 1953 , that I last saw the deceased alive on Dec. 5, 1953 , and that death occurred at 3:25 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Henry Ochota, M.D.			23B. ADDRESS St. Agnes' Hospital		23C. DATE SIGNED Dec. 6, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 9, 1953	24C. NAME OF CEMETERY OR CREMATORY Salem Lutheran		24D. LOCATION (City, town, or county) (State) Catonville, Ind.
DATE RECEIVED BY LOCAL REGISTRAR DEC 8-1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Harvey H. Witzke, 4016 Edmond-	
VS 150 342 441 son Ave					

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

1100 S. EAST ASIAN AVENUE

CHICAGO, ILL. 60607

TEL. 733-4331

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10775
Registered No.

BIRTH NO. 53 10775

1. NAME OF DECEASED
(Type or Print)

BERTA B. STUCKEY

2. DATE
OF
DEATH Dec. 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Md/

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)Hoods Nursing Home
5313 Edmondson Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto. 16-08

D. STREET ADDRESS (If rural, give location)

3332 Edmondson Ave

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 14, 1883

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mcgee

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Ella Page, 318 Mt. Holly St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

HYPERTENSIVE & ART-
ERIOSEPTOTIC CAR-
diovascular Disease 5+ yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1936 to 12/5, 1953, that I last saw the
deceased alive on 12/4, 1953, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23. SIGNATURE

Phyllis E. Couch

M. O.

23B. ADDRESS

3629 Edmondson Ave

23C. DATE SIGNED

12/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 8, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Balto. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

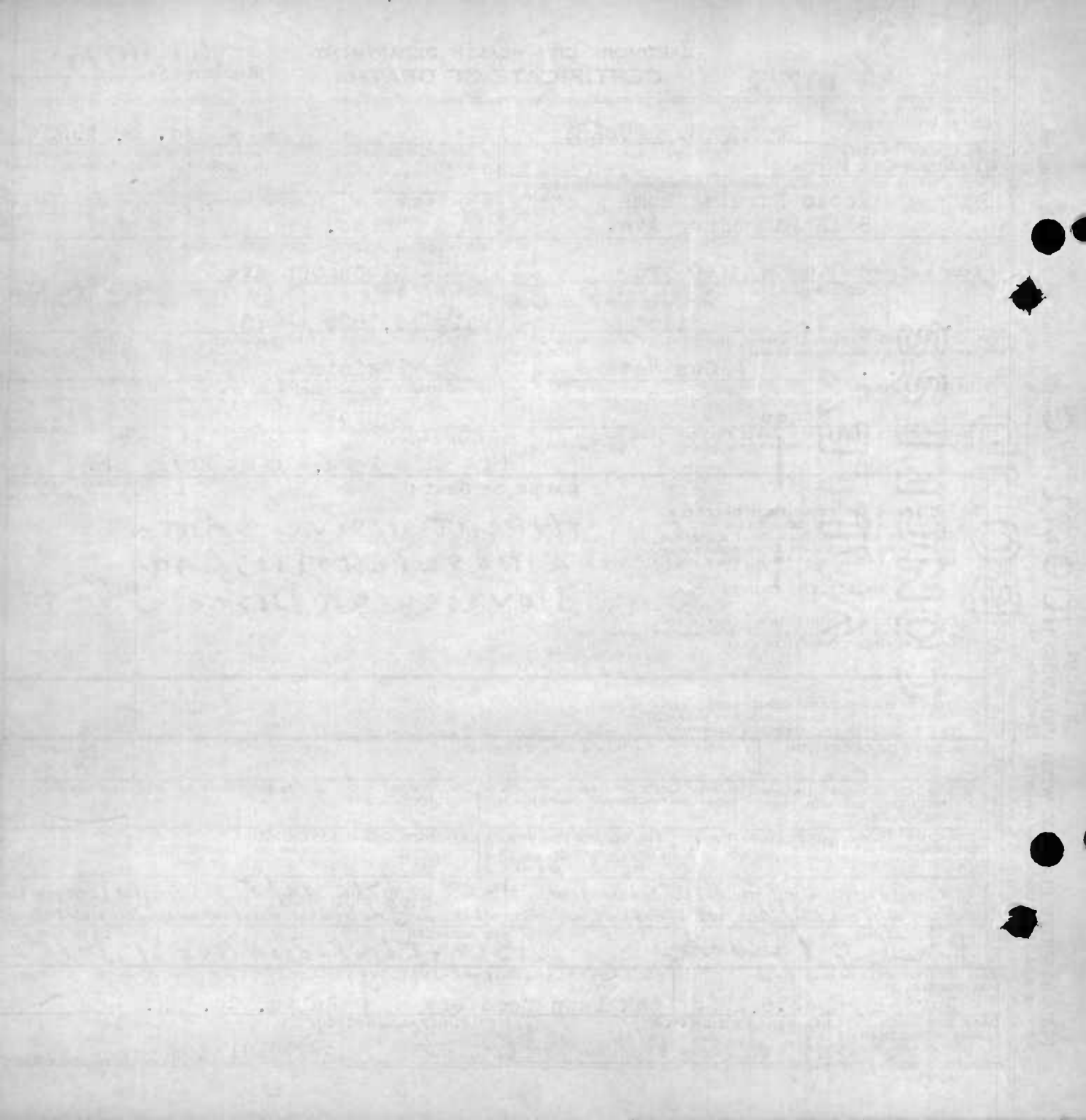
25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1953

VS 150

4101 Edmondson Ave



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10776	
1. NAME OF DECEASED (Type or Print) <i>Allie (Alice) May Martin</i>			2. DATE OF DEATH <i>Dec. 6. 53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>9-06</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1914 C. 31st St. 69</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Balto Md 9-06</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1914 C. 31st St.</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Apr 24. 1868</i>	9. AGE (in years last birthday) <i>85</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. Under 24 Hours Hours: Min.
13. FATHER'S NAME <i>? Stouch</i>			14. MOTHER'S MAIDEN NAME <i>? Bowers</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT ADDRESS <i>Alice Gleumann 1914 C. 31st St.</i>
18. <i>420.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
DUE TO			(A) <i>Acute myocardial infarction</i> 30 min		
ANTECEDENT CAUSES			(B) <i>Arteriosclerotic coronary thrombosis</i> 30 min		
DUE TO			(C) <i>Generalized arteriosclerosis</i> 2 years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/21</i> , 19 <i>50</i> , to <i>12/6</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>10/18</i> , 19 <i>53</i> , and that death occurred at <i>6 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Marion Friedman</i> M. O.			23B. ADDRESS <i>1737 E. North Ave</i>		23C. DATE SIGNED <i>12/7/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 8, 53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8-1953</i>		REGISTRAR'S SIGNATURE <i>Paul Gleumann</i>		FUNERAL DIRECTOR ADDRESS <i>6067 Ashford Rd</i>	

Dr. Marion Friedman
1737 E. North Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10777
BIRTH NO. 53-30213

53 10777

1. NAME OF DECEASED (Type or Print) <i>Reitenauer, Baby Girl - PAMELA</i>			2. DATE OF DEATH <i>Dec. 7, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Church Home & Hospital</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>(Baltimore)</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home and Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>34 hrs. 20 mins</i>			D. STREET ADDRESS (If rural, give location) <i>6737 Danville Ave. (Mother's address)</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Dec. 5, 1953.</i>		9. AGE (In years last birthday) <i>—</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>—</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Raymond Reitenauer</i>			14. MOTHER'S MAIDEN NAME <i>Frances Binkowski</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT <i>S. Nease</i>		
			ADDRESS <i>Church Home & Hospital</i>		

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Premature Birth</i>			INTERVAL BETWEEN ONSET AND DEATH <i>34 hrs. 20 mins</i>
DUE TO			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>—</i>			
DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>—</i>			
19A. DATE OF OPERATION <i>—</i>	19B. MAJOR FINDINGS OF OPERATION <i>—</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>NO</i>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>NO</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>NO</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>—</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>—</i>	
22. I hereby certify that I attended the deceased from <i>Dec. 5</i> , 19 <i>53</i> , to <i>Dec. 7</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Dec. 7</i> , 19 <i>53</i> , and that death occurred at <i>08:10 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Jedro S. de Jonge</i>		23B. ADDRESS <i>Church Home & Hospital</i>	23C. DATE SIGNED <i>—</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec. 8-1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	24D. LOCATION (City, town, or county) (State) <i>7200 German Hill Rd</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8-1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>George A. Weber</i>	ADDRESS <i>705 S. Ann St</i>

REPORT OF THE DEATH

1



5-452

53 10778

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10778

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS ROWLAND SLINGLUFF

2. DATE
OF
DEATH

Dec 6 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4414 NORWOOD PLACE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 27-11

D. STREET ADDRESS (If rural, give location)

4414 NORWOOD PLACE

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept 13 1876

9. AGE (in years last birthday)

77

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Towson Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Fielder Cross Slingleuff

14. MOTHER'S MAIDEN NAME

Mary Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

Yes

S+A + WWI

16. SOCIAL SECURITY NO.

219-03-3688

17. INFORMANT

Mrs F R Slingleuff

ADDRESS

Same

18. 180x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypernephroma of Kidney.

8-9 months.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8 months ago.

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Hypernephroma.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1953, to Dec 6th, 1953, that I last saw the deceased alive on Dec 4, 1953, and that death occurred at 9⁰⁰ P.m., from the causes and on the date stated above.

23A. SIGNATURE

George S. Watson

M. D.

23B. ADDRESS

1101 St. Paul St. Balt.

23C. DATE SIGNED

Dec 7, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 8-1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

McHenry

ADDRESS

4905 York

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. George Watson
1101 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-230

53 10779

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10779
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN H. BECKWITH Sr.

2. DATE
OF
DEATH

12/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-01

O. STREET ADDRESS (If rural, give location)

3030 McElderry St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3030 McElderry St.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 15, 1888

9. AGE (In years,
last birthday)

65

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maintenance Man

10B. KIND OF BUSINESS OR
INDUSTRY

Park Board

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Beckwith

14. MOTHER'S MAIDEN NAME

Veronica Kramer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Emily Long Beckwith, wife, above

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Toxic Absorption

1 day

ANTECEDENT CAUSES

DUE TO

(B)

Carcinoma of Stomach

1 1/2 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

July 6, 1953

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Ca - Stomach

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1952, to Dec. 5, 1953, that I last saw the deceased alive on 12/5/1953, and that death occurred at 12:30 P.M., from the causes and on the date stated above

23A. SIGNATURE

Michael J. Dausch

23B. ADDRESS

4636 Belair Rd

23C. DATE SIGNED

12/5/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 8-1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

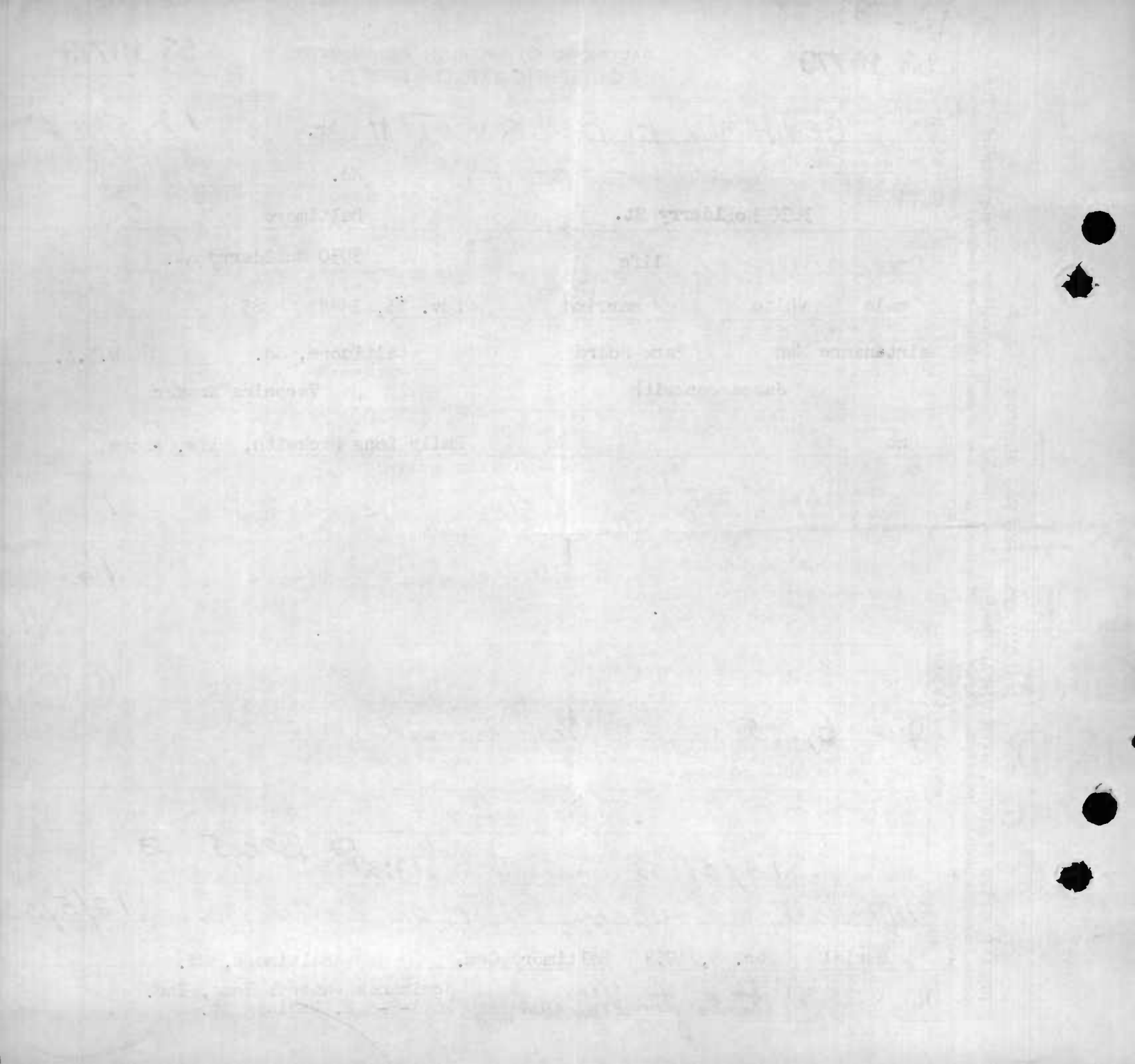
Schimunek, Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

VS 150

55493



Dr. Walter B. Buck

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-363
53 10780
 BIRTH NO. **53 10780**

**BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH**

Registered No. **53 10780**

1. NAME OF DECEASED (Type or Print) FEREBE WESTCOTT STREETT			2. DATE OF DEATH Dec. 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF HOSPITAL OR INSTITUTION 712 Park Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-03		
c. Length of stay in Baltimore 60 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 712 Park Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 1, 1886		9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chestertown, Md.
13. FATHER'S NAME Charles Tylden Westcott			14. MOTHER'S MAIDEN NAME Mary Guion		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Anne Street Gill			ADDRESS 712 Park Ave.		
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of colon DUE TO CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July , 19 53 to Dec 6 , 19 53 , that I last saw the deceased alive on Dec 6 , 19 53 and that death occurred at 2:30 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Walter B. Buck		23B. ADDRESS M. D. 18 E. Eager St.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 8, 1953		24C. NAME OF CEMETERY OR CREMATORY Green Mount	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Son 1900 Eutaw Place			
DATE RECEIVED BY LOCAL REGISTRAR DEC 8-1953		REGISTRAR'S SIGNATURE Huntington Williams			
VS 150					

1900. 6. 10. 10. 10.

EXHIBIT 100. 6. 10. 10. 10.

100. 6. 10. 10. 10.

100. 6. 10. 10. 10.

100. 6. 10. 10. 10.

100. 6. 10. 10. 10.

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100. 6. 10. 10. 10.

100. 6. 10. 10. 10.

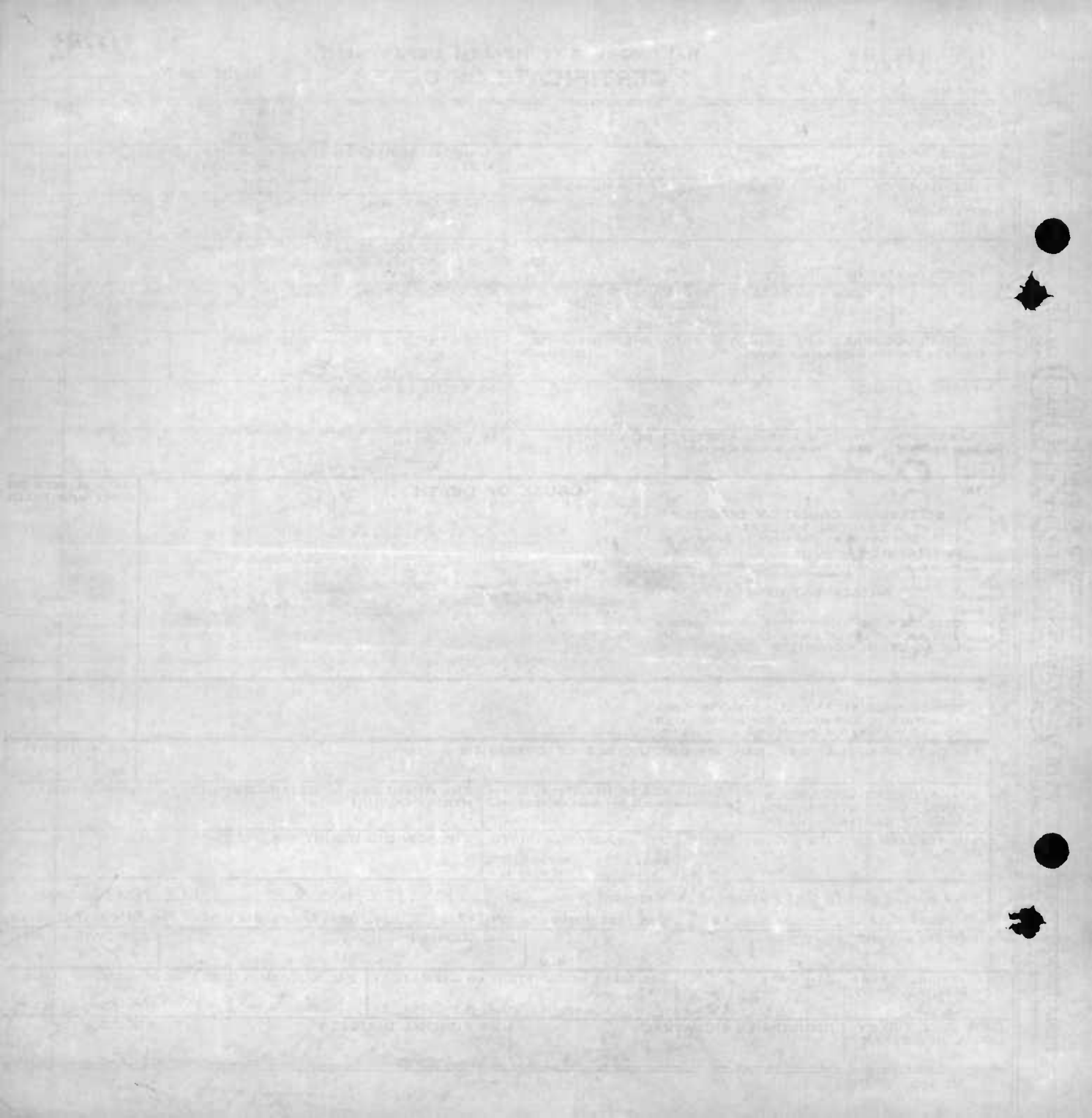
100. 6. 10. 10. 10.

100. 6. 10. 10. 10.

100. 6. 10. 10. 10.

100. 6. 10. 10. 10.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 10781 Registered No.	
BIRTH NO. 53-30074					
1. NAME OF DECEASED (Type or Print) <i>Baby Boy Mewshaw</i>			2. DATE OF DEATH <i>12-6-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-04</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>402 Maude Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Baby Boy</i>	8. DATE OF BIRTH <i>12-5-53</i>	9. AGE (In years last birthday)	If Under 1 Year Months: <i>2</i> Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto</i>	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Joseph H Mewshaw</i>		
14. MOTHER'S MAIDEN NAME <i>Maude M</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Family</i> ADDRESS <i>same</i>		
18. <i>752X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			(A) <i>Endocranial hemorrhage</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) <i>Hydrocephalus, mild</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from <i>12-5-53</i> , 19 <i>53</i> , to <i>12-6-53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-6-53</i> , 19 <i>53</i> , and that death occurred at <i>8 P.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Philip W Kerstio</i> M. D.			23B. ADDRESS <i>3020 Palapies Ave</i>		
23C. DATE SIGNED <i>12/7/53</i>			24A. BURIAL, CREMATION, REMOVAL (Specify) <i>05</i>		
24B. DATE <i>12/8/53</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Shan Haven</i>		
24D. LOCATION (City, town, or county) (State) <i>Ritchie Highway</i>			25. FUNERAL DIRECTOR <i>James MacCreary</i> ADDRESS <i>130 E. Fort Ave</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8 - 1953</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

S-5300 CERTIFICATE CORRECTED				12-10-53		X	
BALTIMORE CITY HEALTH DEPARTMENT				CERTIFICATE OF DEATH		Registered No. 53 10782	
1. NAME OF DECEASED (Type or Print) MARGARET M. SMITH				2. DATE OF DEATH 12/8/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY CHARROLL			
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSP.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WESTMINSTER			
c. Length of stay in Baltimore 1 mo 6 days				D. STREET ADDRESS (If rural, give location) BAND EXTENDED 541			
5. SEX F	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 8/20/80	9. AGE (In years last birthday) 73	10. Under 1 Year Months Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Colleberry				14. MOTHER'S MAIDEN NAME MARY JANE GRINDER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS			
18. 422.1 and E. 904.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterosecular Vascular Disease (A) DUE TO				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. Chronic Lymphoid Leukemia (B) DUE TO Intestinal Obstruction (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture of Tibia Femur				CERTIFICATION APPROVED BY Joseph G. Jarling			
19A. DATE OF OPERATION 11/13/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Intestinal Obstruction		IF OPERATION WAS RELATED TO CAUSE OF DEATH, CHECK FOR PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Westminster			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov 2, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Accident - Fell To Floor			
22. I hereby certify that I attended the deceased from 12/1 1953, to 12/8 1953, that I last saw the deceased alive on 12/8 1953, and that death occurred at 2:40 P.M., from the causes and on the date stated above.							
23A. SIGNATURE J. S. Webster				23B. ADDRESS Univ. Hosp.		23C. DATE SIGNED 12/8/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 10, 1953		24C. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery		24D. LOCATION (City, town, or county) (State) Libertytown, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR DEC 8-1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR E. Glue & Son - Frederick Md.		ADDRESS	

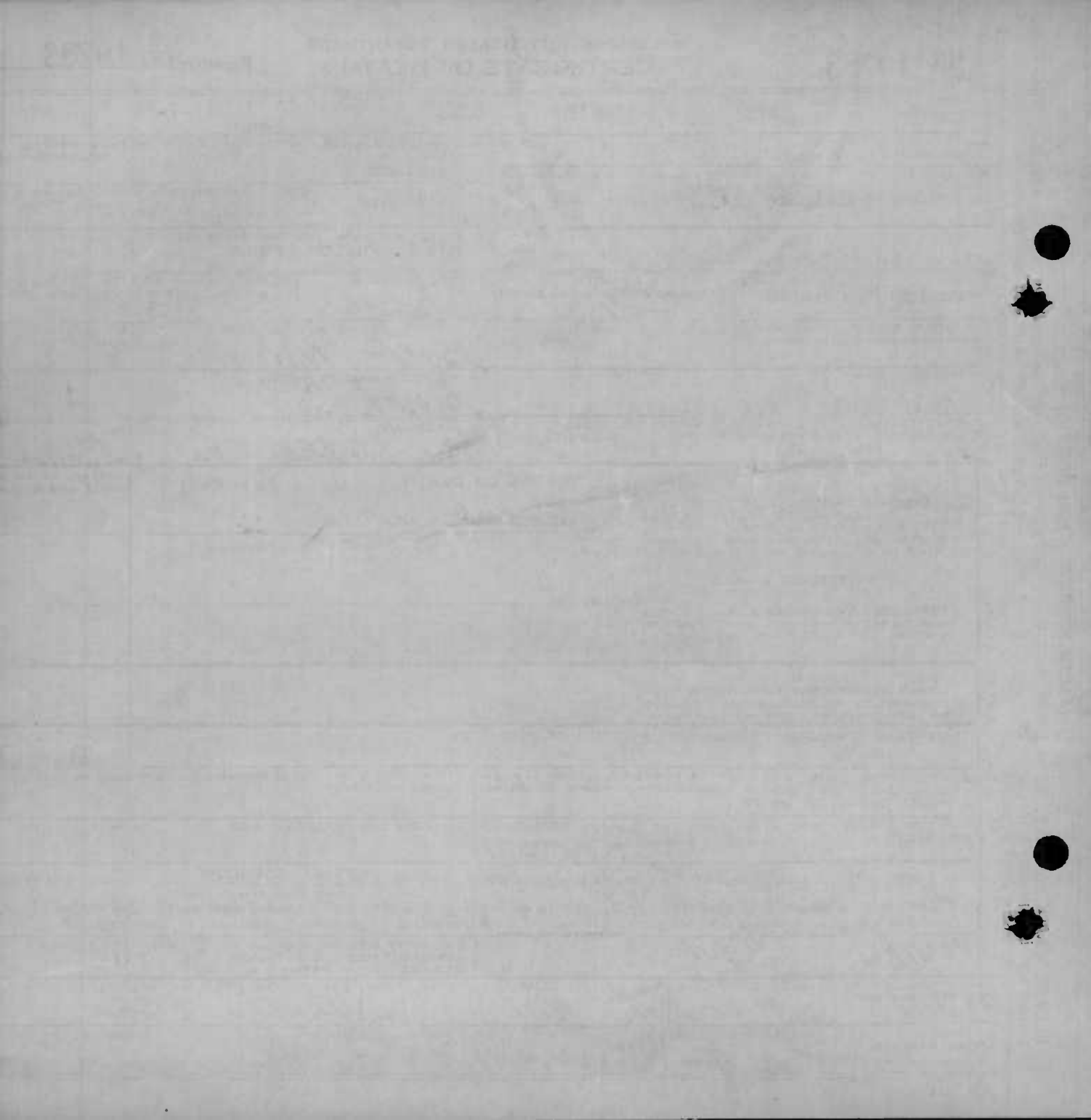
VS 150

N-8200

Query reply gives Arteriosclerotic vascular disease
as underlying cause of death.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10783BIRTH NO. 53 10783
53-21394

1. NAME OF DECEASED (Type or Print) CAMA		BERNICE		COLE		2. DATE OF DEATH 12-7-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Morgue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____				D. STREET ADDRESS (If rural, give location) 829 N. Fulton Avenue			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept. 2, 1953	9. AGE (In years last birthday) 3	At Under 1 Year Months: _____ Days: _____	At Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Howard Johnson				14. MOTHER'S MAIDEN NAME Sarah Cole			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Chermaine Sherry	
18. 492x		CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Interstitial Pneumonia (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE William C. Smith		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 12-7-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/8/1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Mrs. Kate R. Williams		ADDRESS Schroeder St.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10784BIRTH NO. 53 10784
53-13427

1. NAME OF DECEASED (Type or Print) LORETTA			2. DATE OF DEATH 12-6-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 931 W. Franklin Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 17, 1953	9. AGE (In years last birthday) 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME John Byrd			14. MOTHER'S MAIDEN NAME Mary Pegues	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT John Byrd	
			ADDRESS 931 W. Franklin St.	

18. 491X I CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Bronchopneumonia**

DUE TO

ANTECEDENT CAUSES

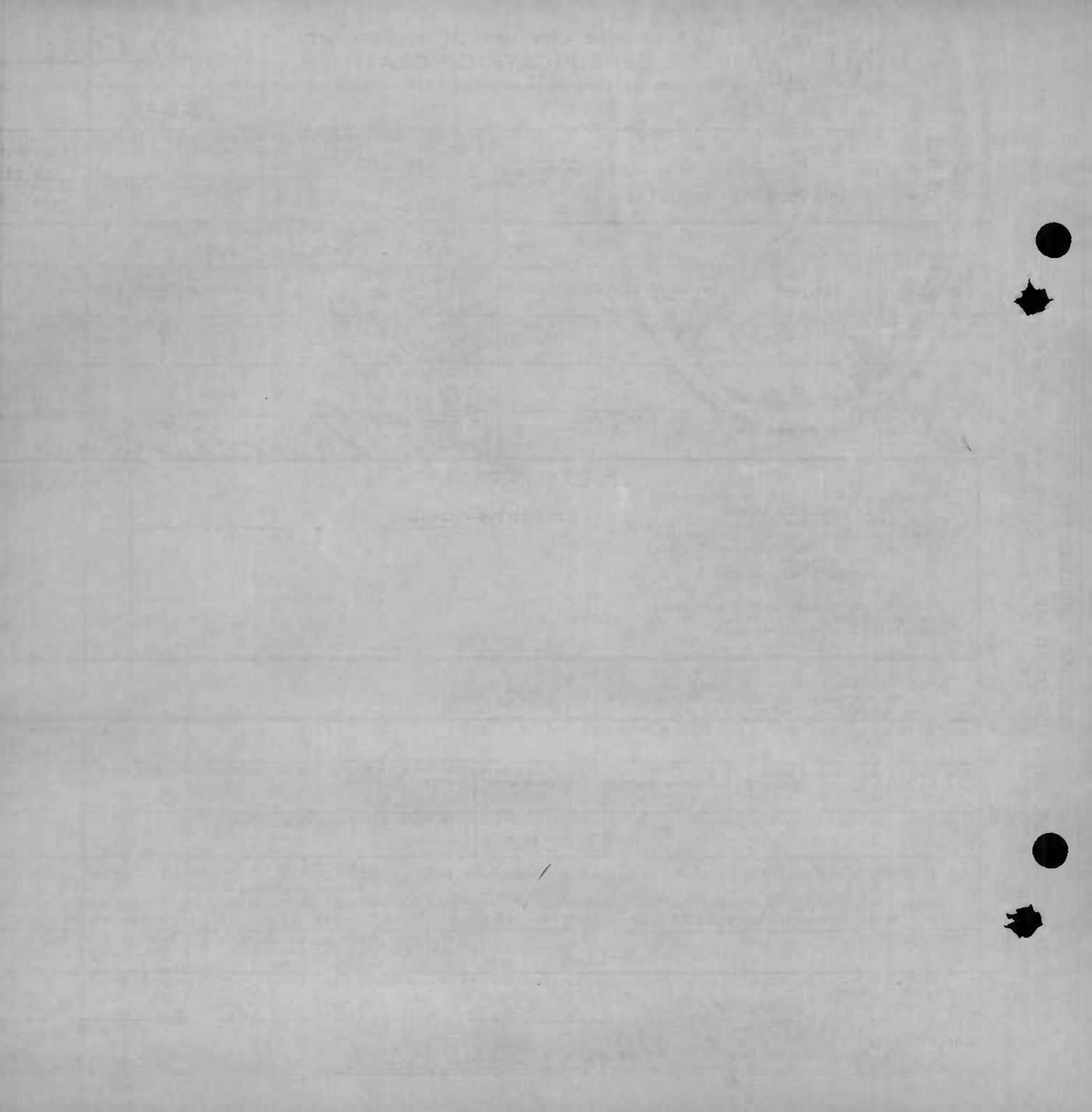
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE J. R. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>		23C. DATE SIGNED 12-7-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/9/1953	24C. NAME OF CEMETERY OR CREMATORY W. A. Wilson Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1953		REGISTRAR'S SIGNATURE W. A. Wilson		25. FUNERAL DIRECTOR Mrs. Katie R. Williams
				ADDRESS Schroeder St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB -177309

5-520

BIRTH NO. 10785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10785

1. NAME OF DECEASED
(Type or Print)

William Jones

2. DATE
OF
DEATH

12-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2918 Round Road

C. Length of stay in Baltimore

15yrs.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 17- 1923

9. AGE (In years,
last birthday)

30

10. Under 1 Year Months: Days
11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work, when doing most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Elijah Jones

14. MOTHER'S MAIDEN NAME

Viola Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT 4940 Eastern Ave. ADDRESS
Records: Baltimore City Hospitals

18. 411X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic Heart Disease With Aortic Stenosis and Insufficiency, and Myocardial Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3-1953, to 12-5-1953 that I last saw the deceased alive on 12-5-1953, and that death occurred at 7.05PM., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnston

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

12-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

12/8/1953

24C. NAME OF CEMETERY OR CREMATORY

St. Luke's Cem

24D. LOCATION (City, town, or county) (State)

Balto. Md.

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

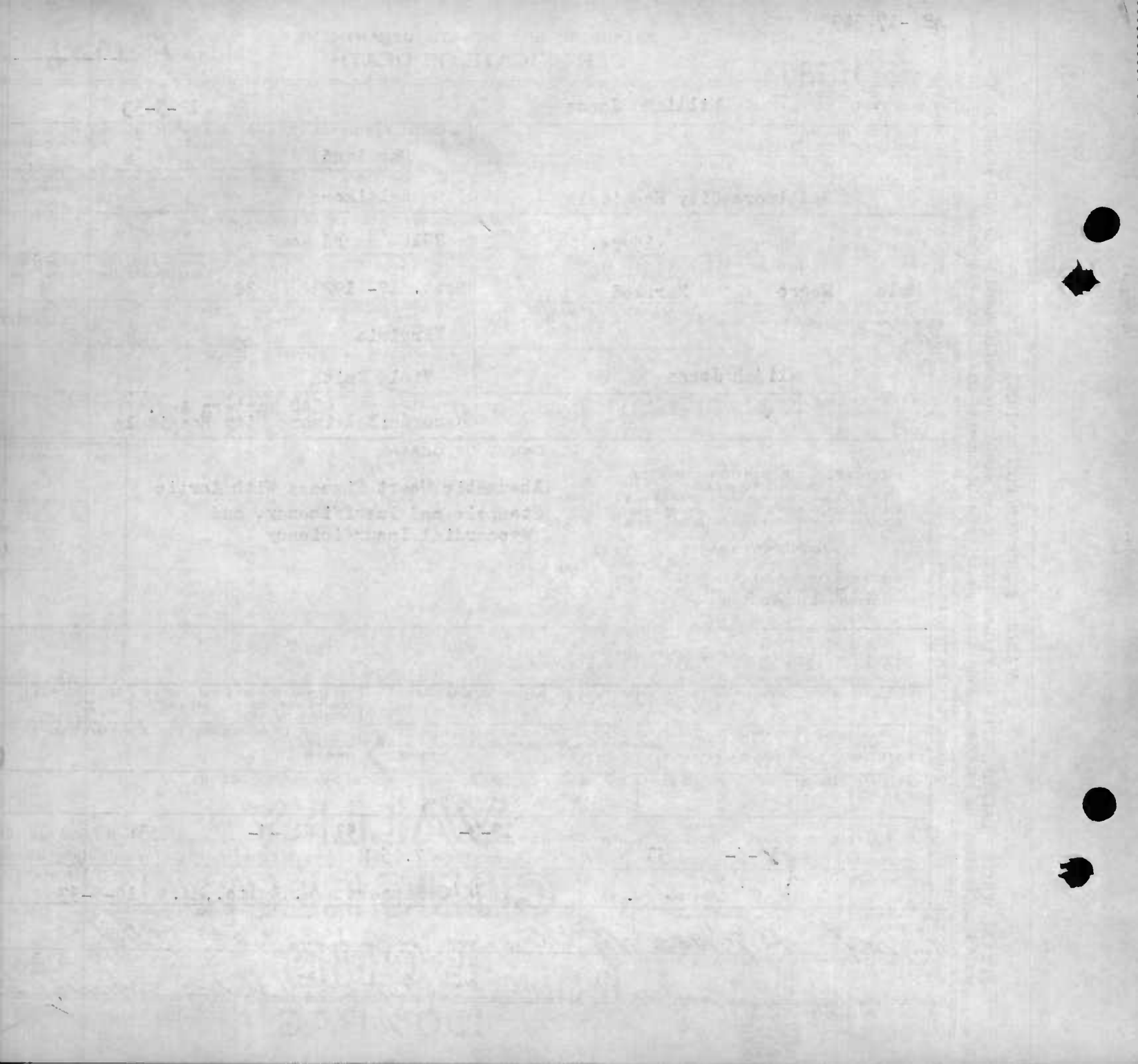
Mrs. Kate R. Williams

ADDRESS

322 N. Schroeder St.

VS 150-1953

97099



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

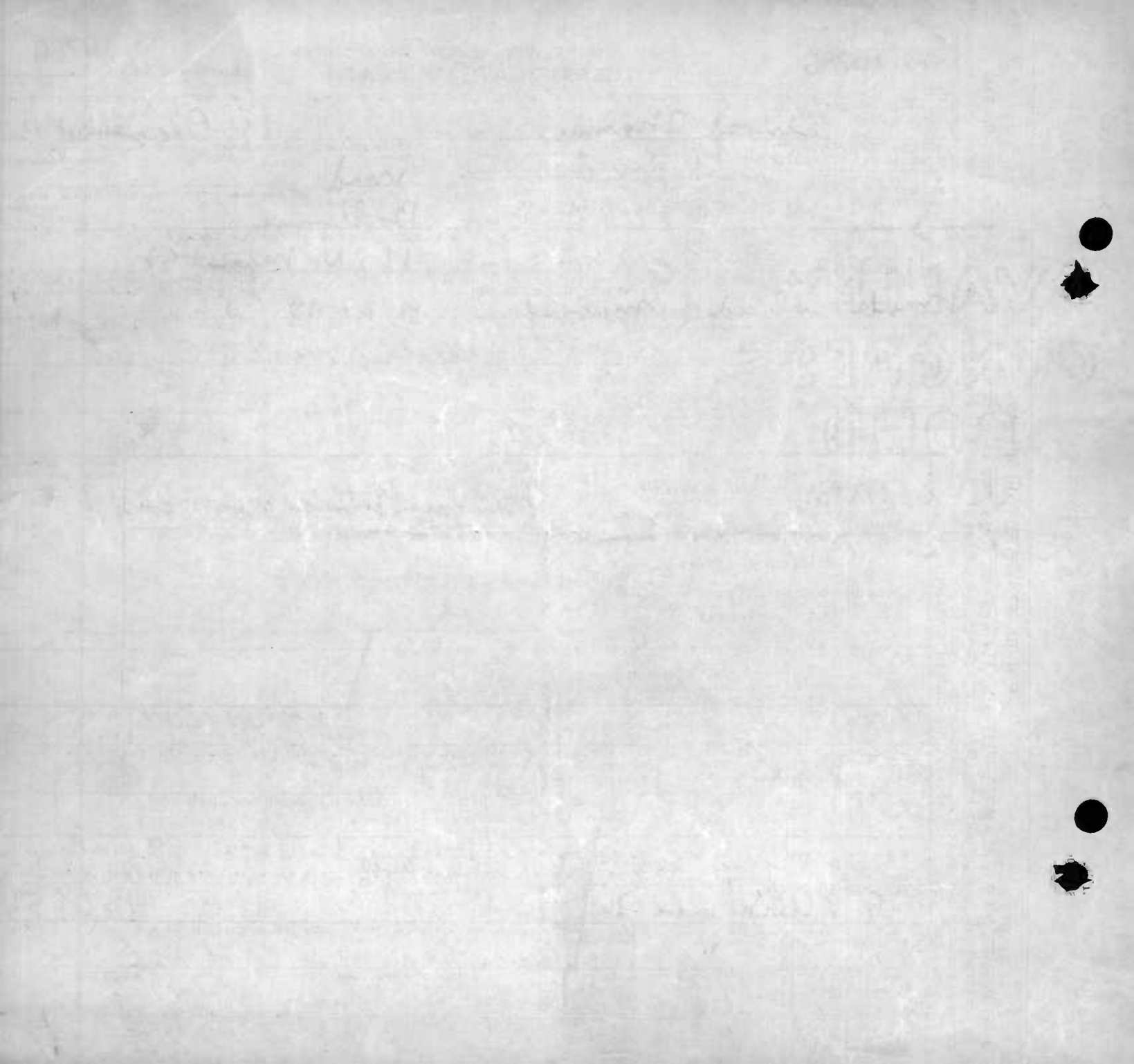
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T-520
53 10786

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10786
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Edward Thomas</i>			2. DATE OF DEATH <i>December 5, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Oplev 2</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>19-02</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			D. STREET ADDRESS (If rural, give location) <i>115 N. Mount St.</i>					
c. Length of stay in Baltimore <i>30 yrs</i>			Yrs. <i>30</i> Mos. <i>0</i> Days <i>0</i>					
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9-23-97</i>			9. AGE (In years last birthday) <i>56</i>	10. Under 1 Year Months: <i>0</i> Days: <i>0</i>	11. Under 24 Hours Hours: <i>0</i> Min: <i>0</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sanitor</i>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Rocky Mount N.C.</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Joseph Thomas</i>			14. MOTHER'S MAIDEN NAME <i>Mary?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO.			17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>446x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Malignant arterio-sclerosis?</i>			(A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO					
(C) DUE TO								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>0</i>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NO. <i>1</i> EXAMINER) <i>md</i>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from <i>11-29</i> , 19 <i>53</i> , to <i>12-5</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-5</i> , 19 <i>53</i> , and that death occurred at <i>945p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. L. Edwards Jr.</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			23C. DATE SIGNED <i>DEC 6 53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>Dec. 9/53</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Park</i>		
24D. LOCATION (City, town, or county) (State) <i>md</i>			25. FUNERAL DIRECTOR <i>Mrs. Robert A. Elliot & Daughter</i>			ADDRESS <i>1129 N.C. av. line St</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8 - 1953</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10787

BIRTH NO. 10787

1. NAME OF DECEASED
(Type or Print)

LOVEY

KIDD *Harta*2. DATE
OF
DEATH

12-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

6. STREET ADDRESS (If rural, give location)

1234 Rosedale Street

c. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Aug. 1, 1896

9. AGE (in years
last birthday)

37

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Vincent Alabama

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Isaac Vatcher

14. MOTHER'S MAIDEN NAME

Lula Vatcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lula Slay 1234 Rosedale St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Obesity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

12-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

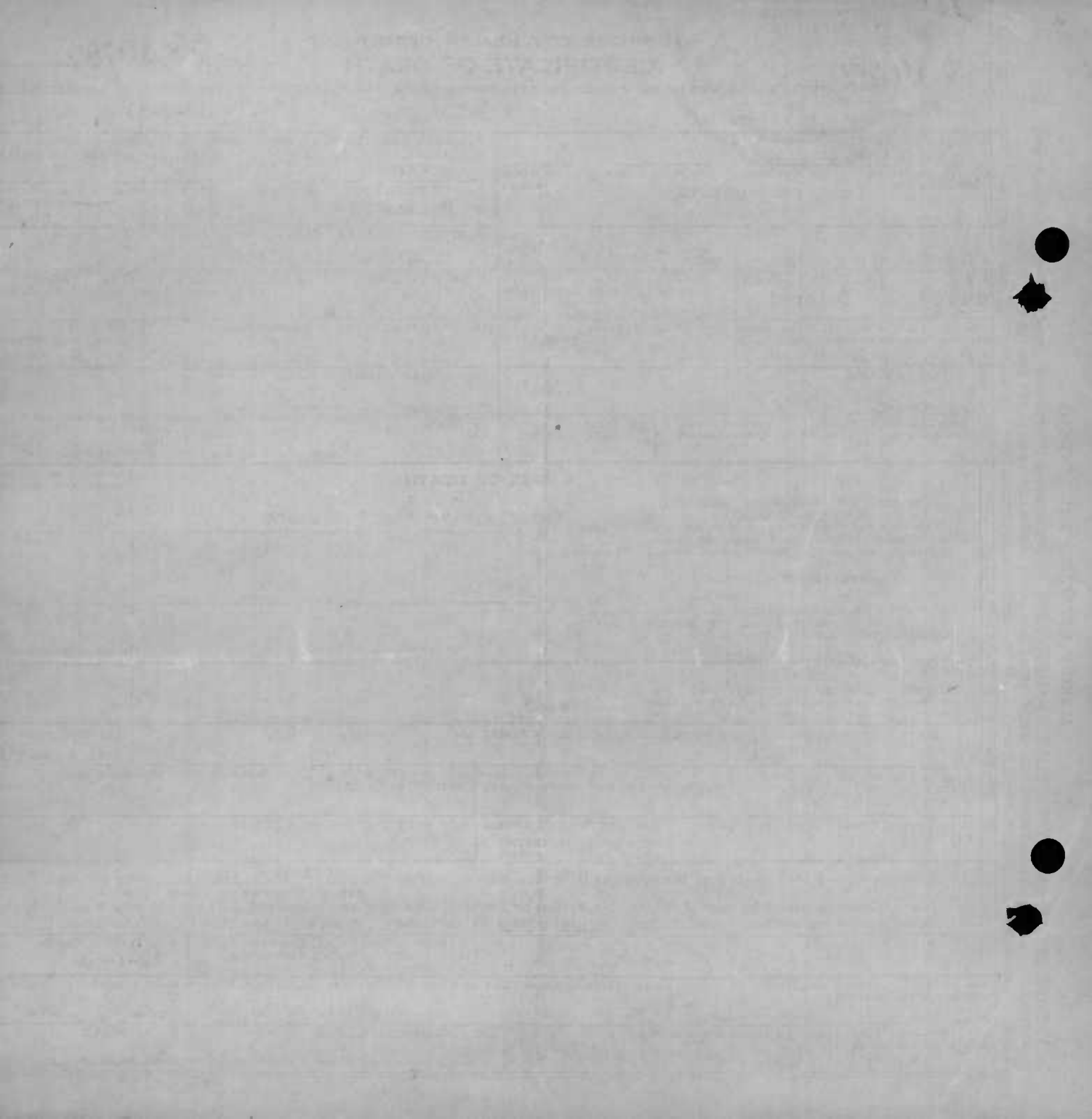
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2-520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10788

53 10788

1. NAME OF DECEASED (Type or Print) <i>Oceila Lang</i>			2. DATE OF DEATH <i>Dec-7-1953</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Order 4</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD</i> b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <i>912 Rutland Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>11-11-09</i>	9. AGE (in years last birthday) <i>42</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Whitestown Va</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Herling Robinson</i>			14. MOTHER'S MAIDEN NAME <i>Annie Robinson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <i>Artemia</i>	CAUSE OF DEATH <i>Artemia</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO <i>hypertensive cardiovascular disease 5 yrs.</i>	
	(B) DUE TO	
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION <i>7</i>	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Dec-5</i> , 19 <i>53</i> , to <i>Dec-7</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Dec-7</i> , 19 <i>53</i> , and that death occurred at <i>8:10</i> A.M., from the causes and on the date stated above.		
23a. SIGNATURE <i>W. S. Malters</i>	23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23c. DATE SIGNED <i>12-7-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec 10/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Mary's Cem.</i>
24d. LOCATION (City, town, or county) (State) <i>St. Mary's Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8-1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Mr. Robert A. Whit & Daughter 1727 N. Caroline St.</i>

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-350

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10789
Registered No.

53 10789

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM C. GOODWIN

2. DATE OF DEATH
DEC. 5th 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

218 N. Milton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

218 N. Milton Ave.

c. Length of stay in Baltimore

70 Years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

April 13, 1869

9. AGE (In years last birthday)

84

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Proprietor, Furniture, Retired

10B. KIND OF BUSINESS OR INDUSTRY

STORE

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Thomas Goodwin

14. MOTHER'S MAIDEN NAME

Jane Burna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
none

17. INFORMANT

Jennie S. Goodwin

ADDRESS

Same

18. 422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

7 days

5 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to Dec 5, 1953, that I last saw the deceased alive on Dec 5, 1953, and that death occurred at 2nd P. M., from the causes and on the date stated above

23A. SIGNATURE

Israel Rosen

23B. ADDRESS

2413 E Monument St 12/7/53

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 8, 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

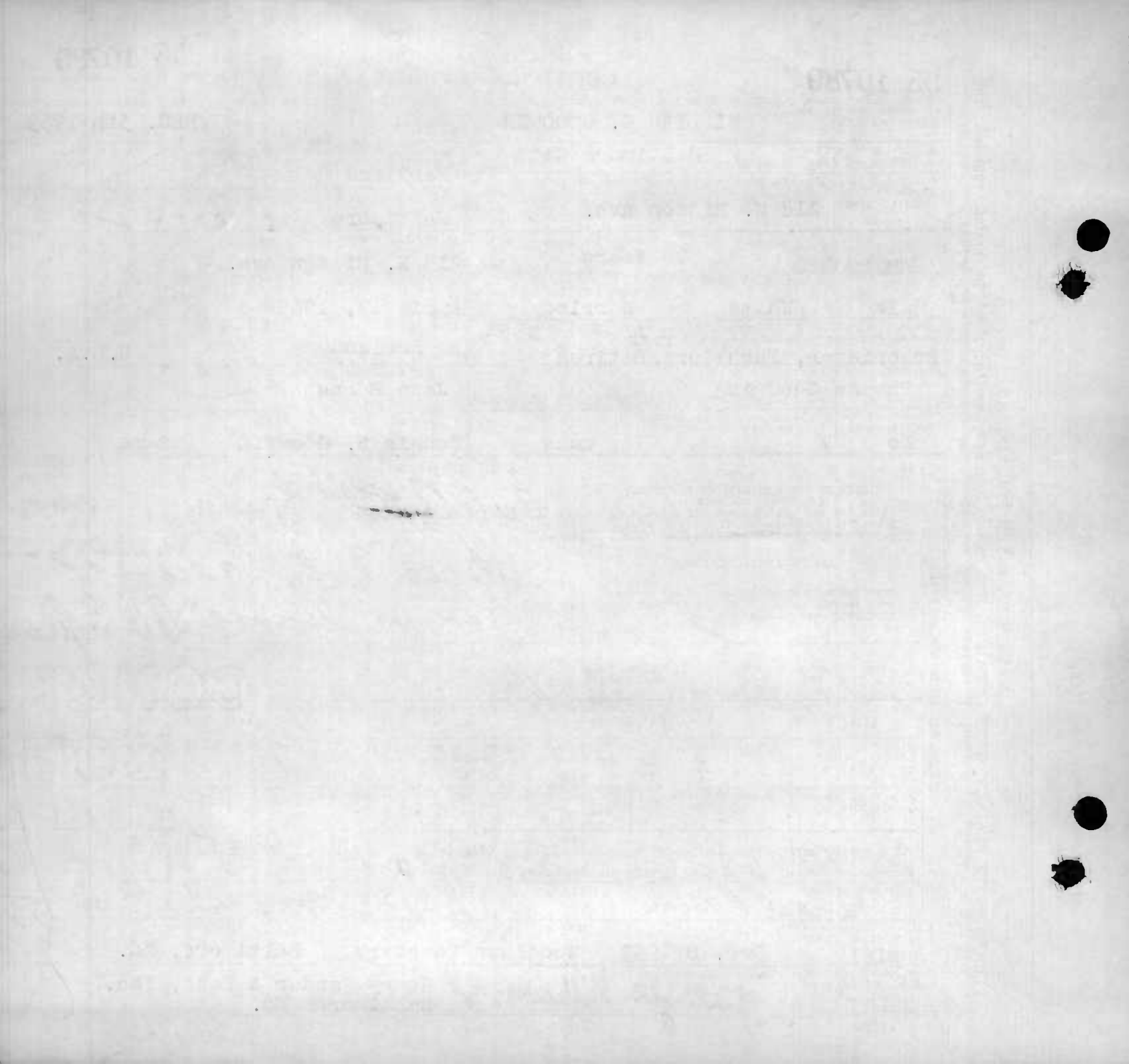
Huntington Williams

25. FUNERAL DIRECTOR

Henry Sander & Sons, Inc.
Baltimore Md.

ADDRESS

Seymour Sander



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James W. Tyler

2. DATE
OF
DEATH

12-7-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

181377. Wolfe St.

C. CITY OR TOWN

Baltimore 8-05

D. STREET ADDRESS (If rural, give location)

181377. Wolfe St.

C. Length of stay in Baltimore

Life

5. SEX

Male Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-20-1889

9. AGE (in years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Handyman

10B. KIND OF BUSINESS OR
INDUSTRY

Lumber Mill

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Minnis Tyler

14. MOTHER'S MAIDEN NAME

Nannie Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-038330

17. INFORMANT

ADDRESS

Mabel Tyler 181377. Wolfe St.

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Atherosclerotic H.D.

undit

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Metabolic
Malnutrition & Dehydration

undit

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1953, to Dec 5, 1953, that I last saw the
deceased alive on 12-5, 1953, and that death occurred at 9³⁰ m., from the causes and on the date stated above.

23A. SIGNATURE

H. Garland Chiswell Jr.

M. D.

23B. ADDRESS

1038 Edmondson

23C. DATE SIGNED

12-8-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-10-1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

Anne Arundel Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Randolph J. Collick 1412 E. Preston St.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1911

THESE SEEDS WERE RECEIVED FROM
THE GARDEN OF THE
UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

RECEIVED BY THE
UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

THESE SEEDS WERE RECEIVED FROM
THE GARDEN OF THE
UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

RECEIVED BY THE
UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10791

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

William

KEEFER

2. DATE
OF
DEATH

12-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

CARROLL

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

Westminster

D. STREET ADDRESS (If rural, give location)

Route 6

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

JUNE 24, 1884

9. AGE (In years
last birthday)

69

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FARMER

10B. KIND OF BUSINESS OR
INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

THOMAS E. KEEFER

14. MOTHER'S MAIDEN NAME

LYDIA SHRINER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

NONE

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

(WIFE) EDNA KEEFER

ADDRESS

SAME

18. E823.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of Neck

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Marston, Carroll County, Md.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 12-4-53 2:30 P.

21E. INJURY OCCURRED

III.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

overturned
driver of jeep which struck fence and22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐ 12-7-53
M.D. MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12-9-53

24C. NAME OF CEMETERY OR CREMATORY

Ebenzer Cemetery

24D. LOCATION (City, town, or county)

Winfield Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

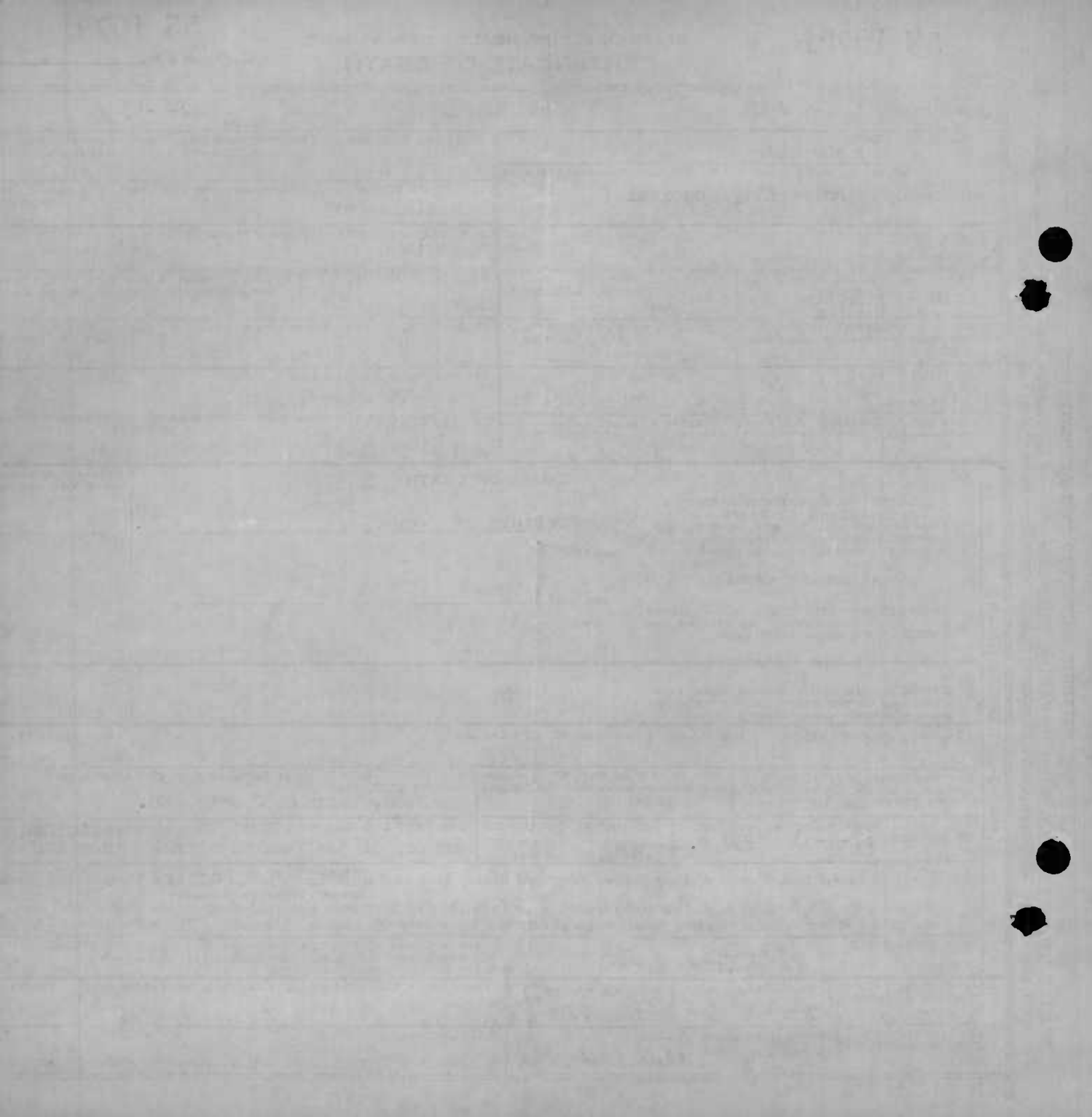
William H. Harrison, M.D.

25. FUNERAL DIRECTOR

C. M. WALTZ

ADDRESS

Winfield, Md

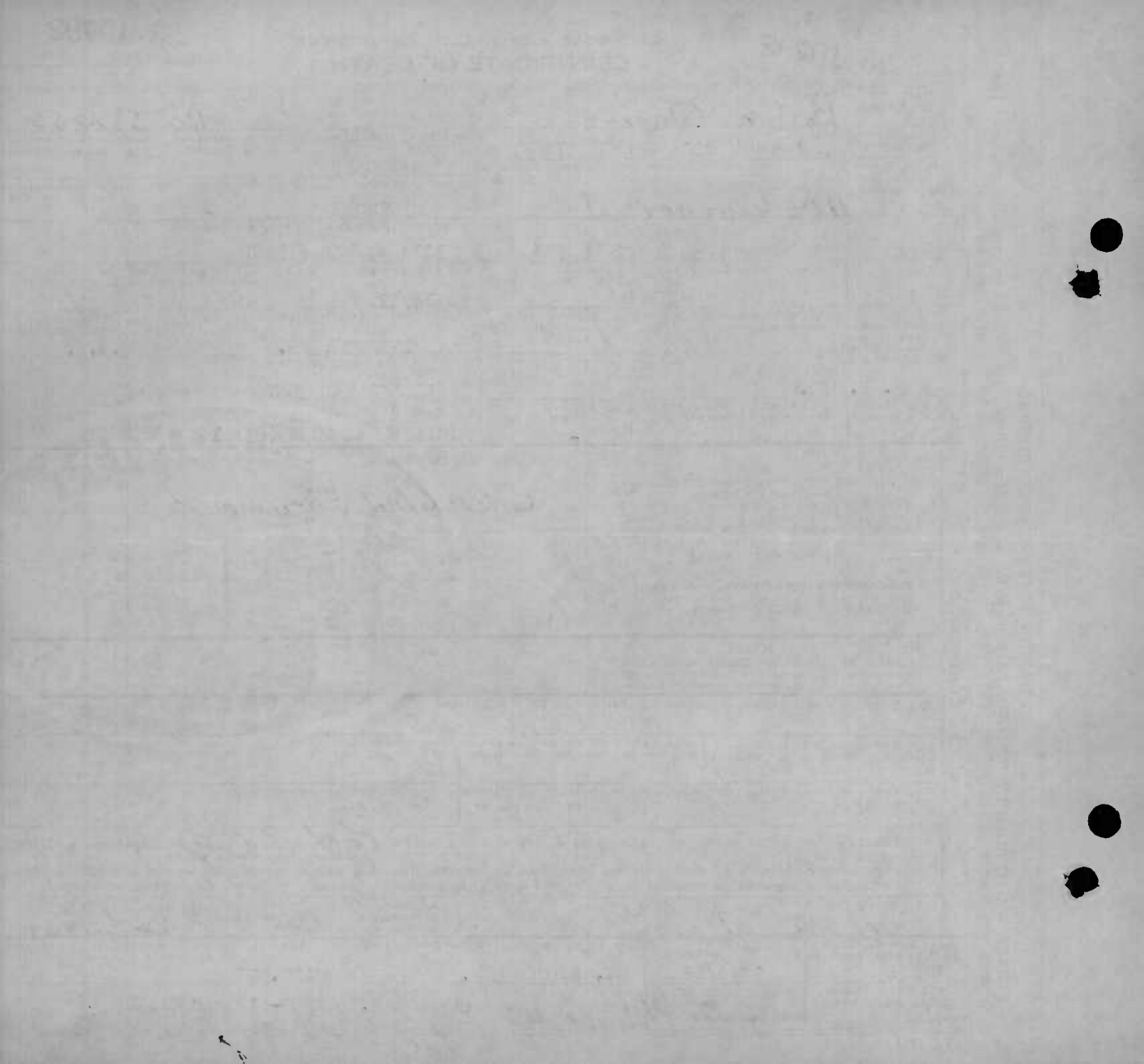


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO. <i>53-10792</i>				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. <i>53 10792</i>	
1. NAME OF DECEASED (Type or Print) <i>Barbra Queen</i>				2. DATE OF DEATH <i>Dec 5, 1953</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1114 WARNER STREET</i>				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY			
B. FULL NAME OF (not in hospital or institution, give street address or location) <i>1114 Warner St</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>		<i>21-01</i>	
c. Length of stay in Baltimore <i>3 MONTHS</i>				D. STREET ADDRESS (If rural, give location) <i>1114 WARNER STREET</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>		8. DATE OF BIRTH <i>8/18/1953</i>	9. AGE (in years last birthday) <i>0</i>	10. Under 1 Year Months: <i>3</i> Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>INFANT</i>				10B. KIND OF BUSINESS OR INDUSTRY <i>*</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>WM. H. QUEEN</i>				14. MOTHER'S MAIDEN NAME <i>LILLIE MAE CLEY</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>				16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT ADDRESS <input checked="" type="checkbox"/> <i>LILLIE MAE QUEEN(M) 1114 WARNER STREET</i>	
18. <i>492x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>INTERSTITIAL PNEUMONIA</i> DUE TO				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> hereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE <i>William H. Cooper</i>				23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <i>Dec 6 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12/8/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MT. AUBURN CEM.</i>		24D. LOCATION (City, town, or county) (State) <i>BALTO. MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Charles G. Cooper</i>		ADDRESS <i>512 CARROLLTON AVE</i>	



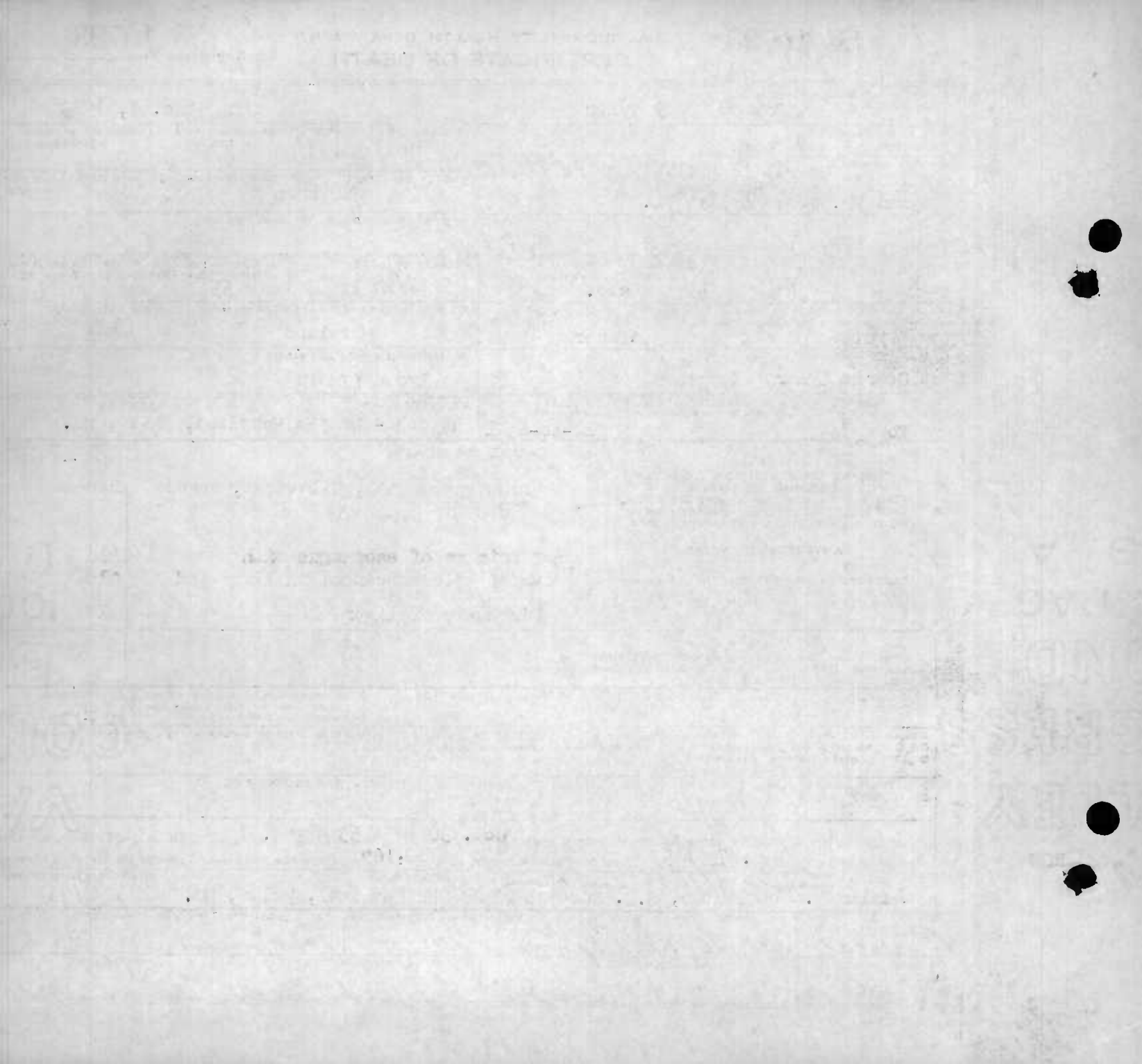
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-460 53 10793		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X 53 10793 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Edward Dewey Tyler				2. DATE OF DEATH Dec. 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Talbot		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tilghman		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 7000		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sep.		8. DATE OF BIRTH 9/27/98	9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mate		10B. KIND OF BUSINESS OR INDUSTRY seafarer		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Tyler				14. MOTHER'S MAIDEN NAME Lydia Lymore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 214-18-4301		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	
18. 150X I CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				INTERVAL BETWEEN ONSET AND DEATH	
(A) Bronchopneumonia, bilateral, severe due to				Recent	
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(B) Carcinoma of esophagus with Metastatic carcinoma in liver and lymph nodes				old	
(C) cirrhosis of liver				old	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 30, 1953, to Dec. 7, 1953, that I last saw the deceased alive on Dec. 7, 1953, and that death occurred at 10:10 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Leslie T. McClinton, S.A. Surgeon D.		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 12/8/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 10, 53		24C. NAME OF CEMETERY OR CREMATORY Tilghman Meth.	
24D. LOCATION (City, town, or county) Tilghman		24E. STATE Md		25. FUNERAL DIRECTOR ADDRESS J. Fred Starnes Tilghman Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR ADDRESS J. Fred Starnes Tilghman Md	

VS 150

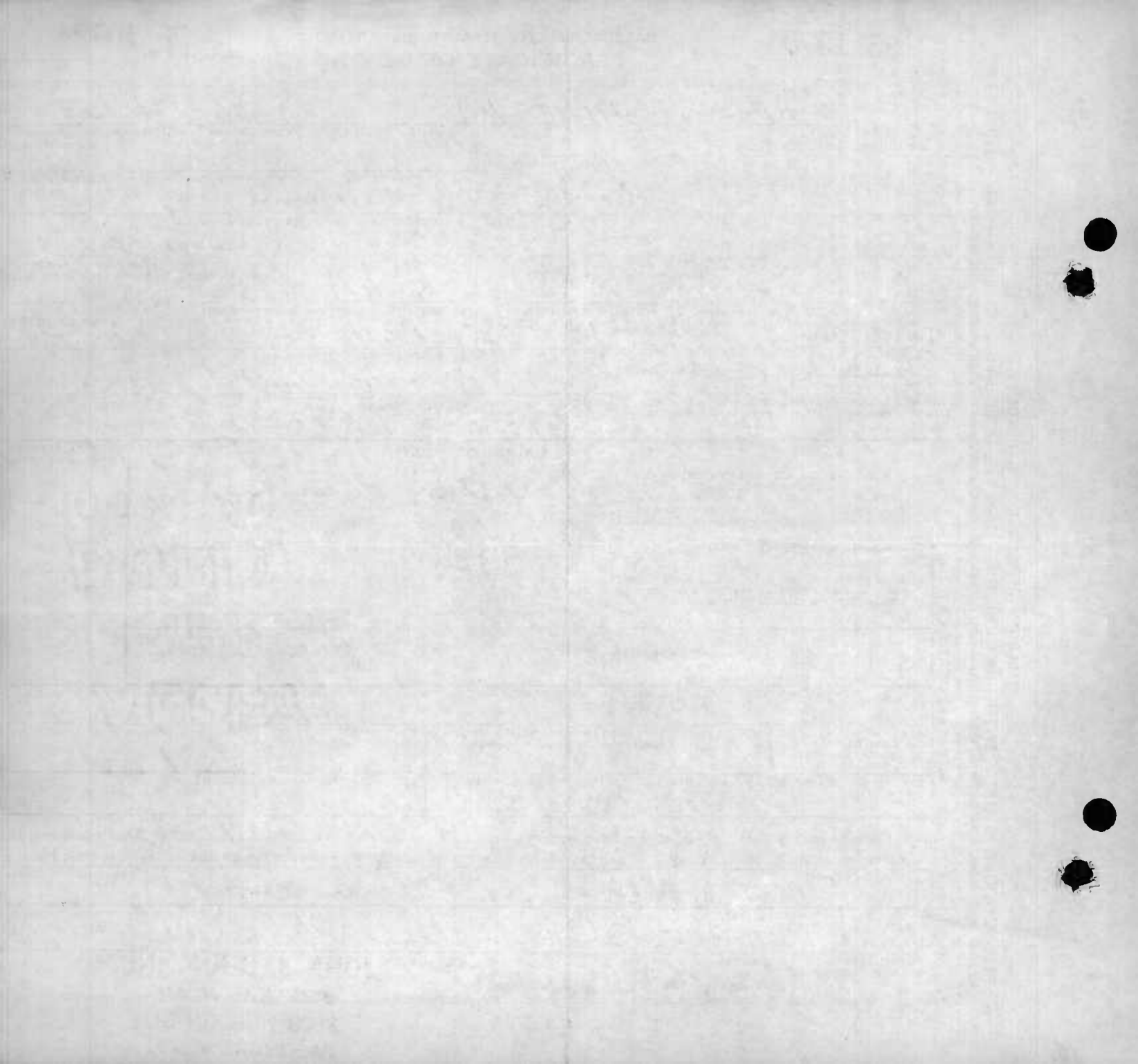
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-520 53 10794		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10794 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) ADAM WINIECKI				2. DATE OF DEATH 12/4/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Sinai Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-04	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 920 S. KENWOOD AVE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 10/27/01	9. AGE (In years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver				11. BIRTHPLACE (State or foreign country) Baltimore	
10B. KIND OF BUSINESS OR INDUSTRY Globe Brewery				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph Winiecki				14. MOTHER'S MAIDEN NAME Margaret Sobczak	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 220-07-8600	
17. INFORMANT Mrs. Veronica Winiecki				ADDRESS	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertensive CVD ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/3, 1953 to 12/4, 1953 that I last saw the deceased alive on 12/4, 1953 and that death occurred at 5:00 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Max J. Miller M.D.				23B. ADDRESS Sinai Hospital	
23C. DATE SIGNED		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24B. DATE 12-9-53		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus		24D. LOCATION (City, town, or county) (State) Blundell Ave. Ind.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1953		REGISTRAR'S SIGNATURE Thurston W. Williams, Jr.		25. FUNERAL DIRECTOR JOHN J. DUDA, INC.	
VS 150		FUNERAL HOME 2829 HUDSON ST. BALTIMORE 24, MD.		68346	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10795

Registered No.

BIRTH NO.

53 10795

1. NAME OF DECEASED
(Type or Print)

OTTO

Edward

BEARD

2. DATE
OF
DEATH

12/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

360 S. Cornwall

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

10-25-1900

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RR Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Pennsylvania RR

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Harry F. Beard

14. MOTHER'S MAIDEN NAME

Grace G. Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Charlotte Beard 360 S. Cornwall

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive and Arteriosclerotic Heart
xxxxxx Disease with old and recent myocardial
Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
12-7-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

12-10-53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S ADDRESS

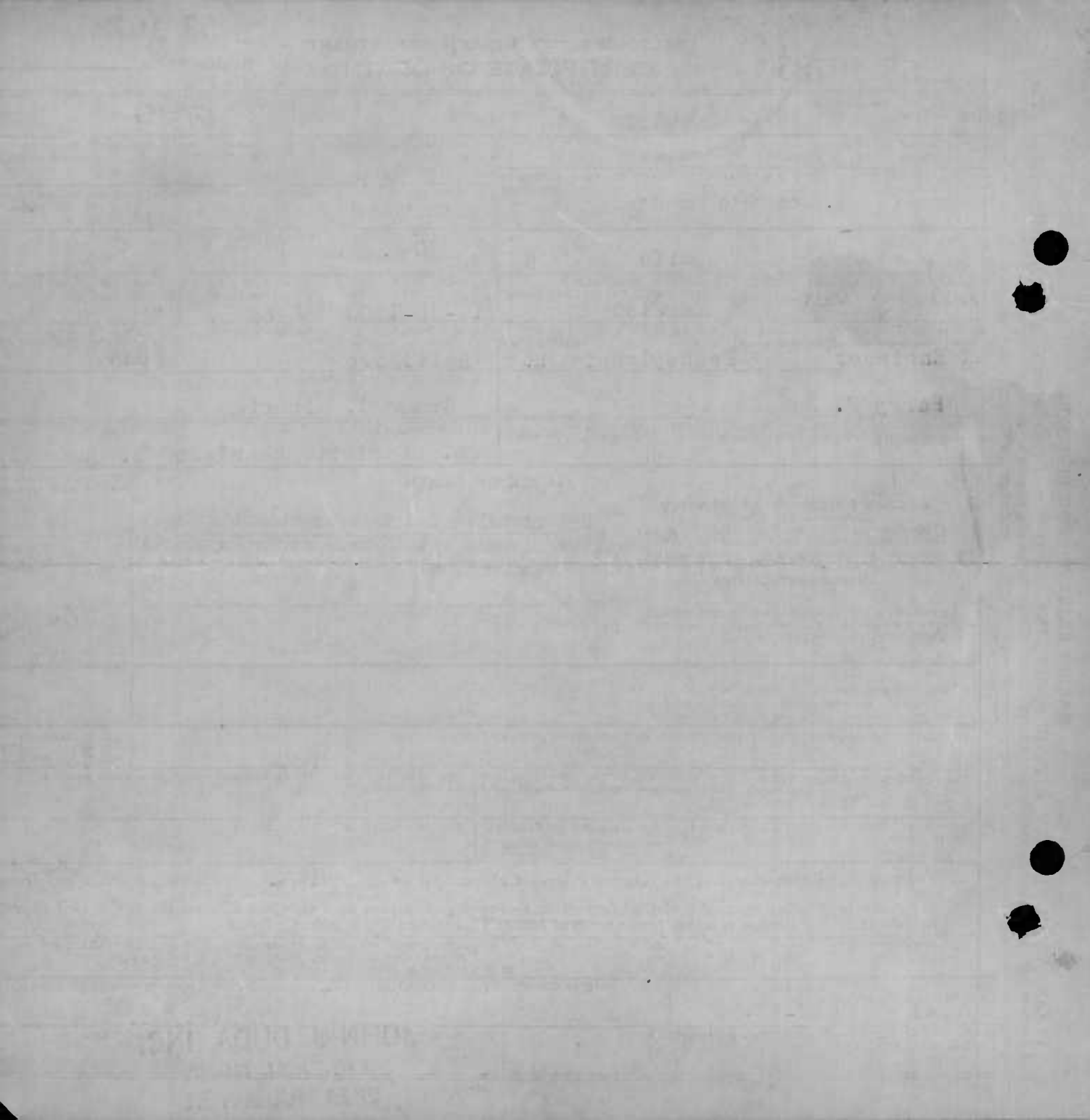
JOHN J. DUDA, INC.

FUNERAL HOME

2829 HUDSON ST.

V.S. 151

54150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 10796 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Hamm, Emma				2. DATE OF DEATH December 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore 18			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2301 Harford Road			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH unknown	9. AGE (in years, last birthday) abt. 71	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook		10B. KIND OF BUSINESS OR INDUSTRY domestic		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 219-16-2839		17. INFORMANT Hosp. Records. ADDRESS	
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acute Congestive Failure DUE TO Hypertensive Cardiovascular Disease with Nephrosclerosis (B) Generalized Arteriosclerosis DUE TO Secondary anemia - Terminal Uremia (C) Secondary anemia - Terminal Uremia				INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from September 22 1953 , to December 5, 1953 that I last saw the deceased alive on December 5 1953 , and that death occurred at 9:30 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Philip E. Layton		23B. ADDRESS 1400 Caroline St. St. Joseph Hospital		23C. DATE SIGNED 12/5/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/9/1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Flynn & Fleming		ADDRESS 1426 Light St.			

DEC 8 - 1953

7208A

BODY TAKEN BY

NAME _____

ADDRESS _____

DATE _____

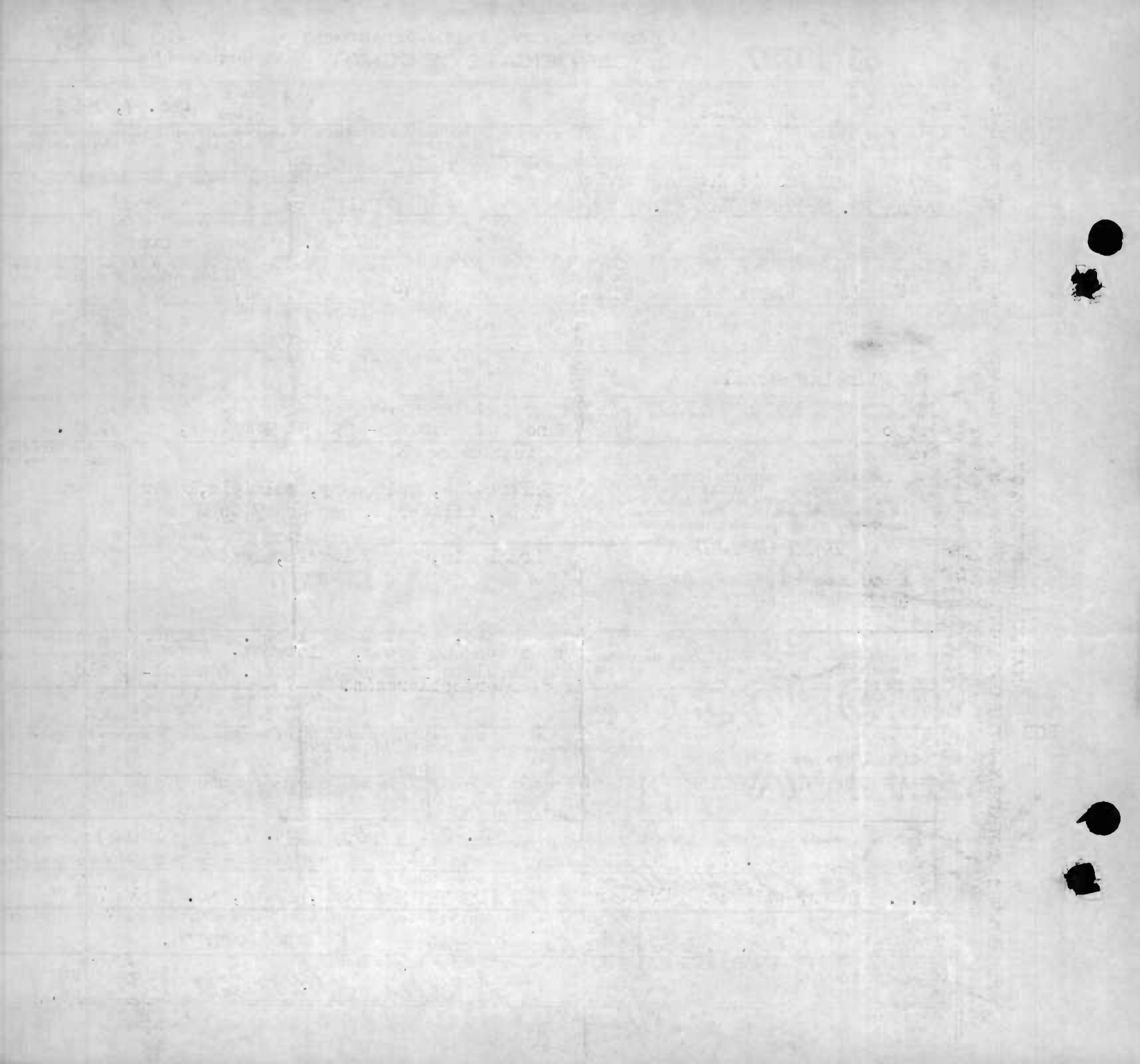
A-623
53 10797BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10797
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) META ARZT		2. DATE OF DEATH Dec. 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-41			
c. Length of stay in Baltimore ?		D. STREET ADDRESS (If rural, give location) 4005 N. Rodgers Avenue			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 8/8/76	9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Wilhelm Baerhold		12. CITIZEN OF WHAT COUNTRY? USA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Records- US PHS Hospital, Balto, Md.	
18. 464x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Infarction, pulmonary, multiple, lower lobe, bilateral, secondary to INTERVAL BETWEEN ONSET AND DEATH Recent					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumonitis, right lower lobe. Pulmonary congestion and edema, bilateral. Arteriosclerotic heart disease. Generalized arteriosclerosis. Recent old					
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 20 , 19 53 , to Dec. 7 , 19 53 , that I last saw the deceased alive on Dec. 7 , 19 53 and that death occurred at 1 A m., from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter Medical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 12/7/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 9, 1953		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.					
DATE RECEIVED BY LOCAL REGISTRAR 8-1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Charles Amoreau ADDRESS 4510 Liberty Heights Ave.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RGB



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-623
53 10798

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10798
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDNA

MAE

WURST

2. DATE OF DEATH
12-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
1607 Lamont Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1607 Lamont Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED

WIDOWED (Specify)

8. DATE OF BIRTH

June 25 1895

9. AGE (In years last birthday)

37

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife & Inspector

10B. KIND OF BUSINESS OR INDUSTRY

Clothing Mfg.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Hubber

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.
213-05-6089

17. INFORMANT

ADDRESS

Mr. Earnard V. Wurst-1607 Lamont Avenue

18. 572.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal Obstruction

DUE TO Diverticulitis with Multiple Adhesions of Colon

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. W. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

12-7-53

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE

Dec. 10, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

North Ave., Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 8 - 1953 *W. Williams*

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

V S 151

69046

George J. Ruth Inc.

12 1948

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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B-655
53 10799BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10799

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William C. Breuning

2. DATE
OF
DEATH

12-7-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 407 S. Monroe StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

407 S. Monroe Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

B. DATE OF BIRTH

Dec. 26th., 1888

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: Days

11 11

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Shearman10B. KIND OF BUSINESS OR
INDUSTRY
Metal Products

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Marcus Breuning

14. MOTHER'S MAIDEN NAME

Catherine Rosimer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.
213-18-3309A

17. INFORMANT

ADDRESS

Miss. Catherine Breuning-407 S. Monroe St

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Diabetes Mellitus

DUE TO

(C)

Arteriosclerotic Cardio Vascular
Disease

?

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28, 1953, to 12/7, 1953, that I last saw the deceased alive on 12/7, 1953, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Bleum

M. D.

23B. ADDRESS

11 N. H. Calvert St

23C. DATE SIGNED

12/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

12-10-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

Belair Rd. Balto: Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc. - 1735 Harford Avenue

CERTIFICATE OF DEATH

WILLIAM W. HARRIS

January 1907

and a number of years

about 10

about 10 years

in the same manner

in the same manner

in the same manner in the same manner in the same manner

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in the same manner

in the same manner

in the same manner

in the same manner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10800

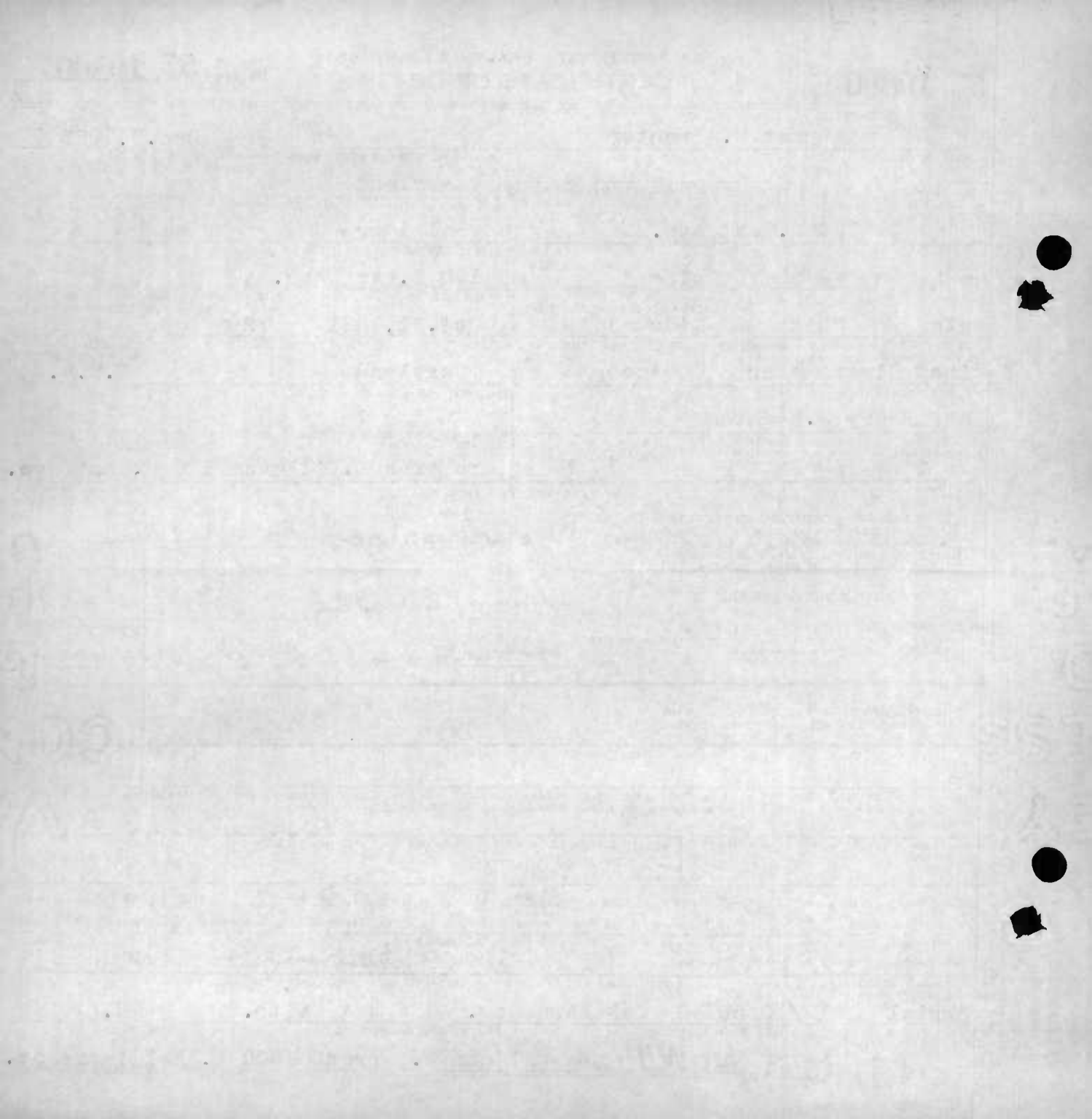
BIRTH NO. 53 10800

1. NAME OF DECEASED (Type or Print) August H. Buchter			2. DATE OF DEATH Dec. 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 120 N. East Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-01		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 120 N. East Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 31, 1881		9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cigar maker		10B. KIND OF BUSINESS OR INDUSTRY Tobacco	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry J. Buchter			14. MOTHER'S MAIDEN NAME ? ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? ?		16. SOCIAL SECURITY NO. ? ?	17. INFORMANT ADDRESS Mrs Anna E. Tillmann 120 N. East Ave.		

18. 526x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchiectasis on fifteen years standing DUE TO		CAUSE OF DEATH Bronchiectasis on fifteen years standing DUE TO		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Terminal Bronchopneumonia DUE TO		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1 , 19 40 , to Dec 7 , 19 53 that I last saw the deceased alive on Dec 7 , 19 53 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Allen E. Beersham		23B. ADDRESS 3139 E. Baerme H		23C. DATE SIGNED 12-8-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/10/53		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	
24D. LOCATION (City, town, or county) Balto.		24E. STATE Md.		25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Baltimore St.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 8 - 1953		REGISTRAR'S SIGNATURE Handwritten Signature			

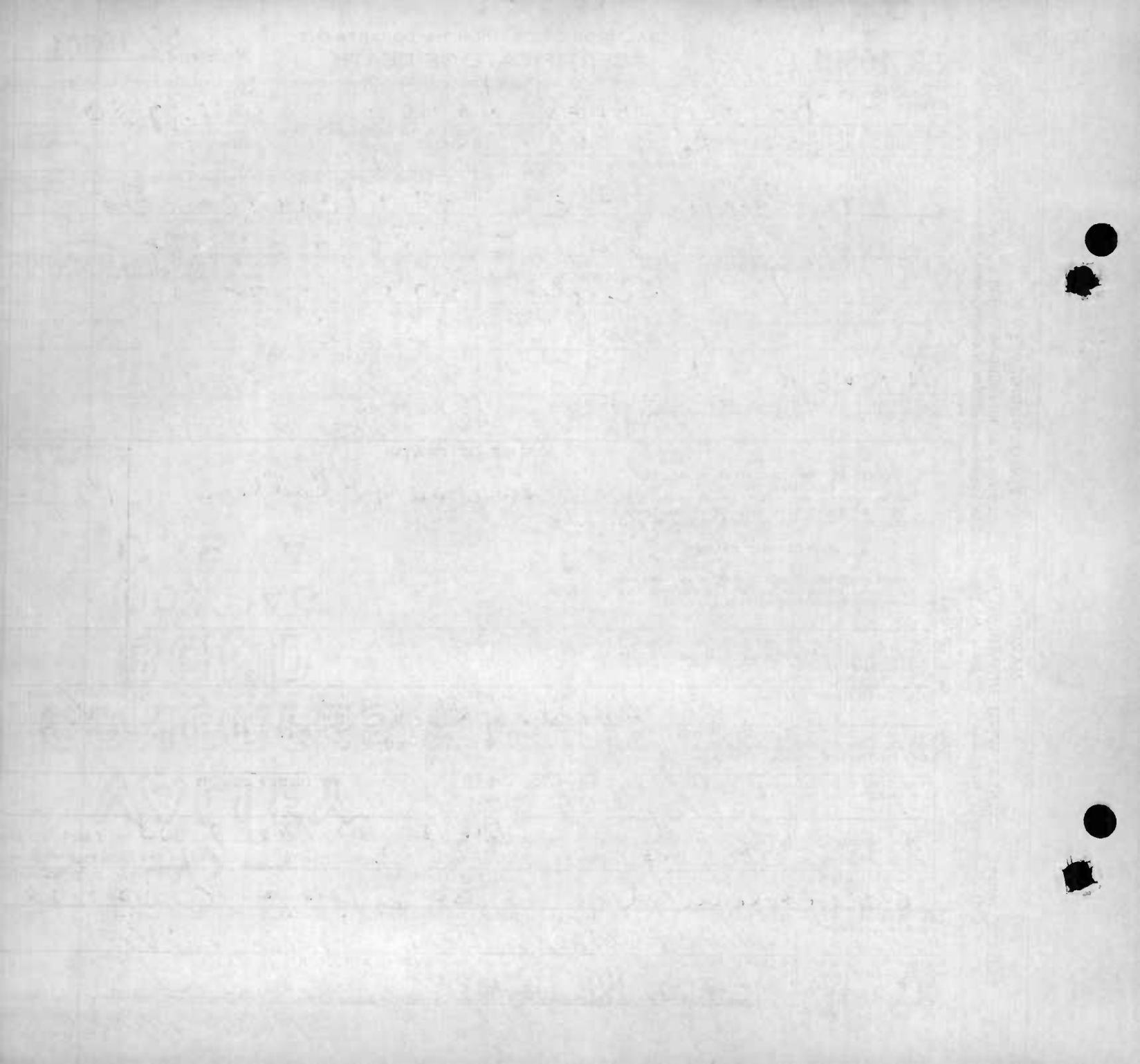
6904A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-340				BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 10801	
53 10801 <i>Not Rec.</i>				CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) BATTLE, HELEN LOUISE				2. DATE OF DEATH 12/7/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4319 PARKTON AVE				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 4319 PARKTON AVE			
D. STREET ADDRESS (If rural, give location) BALTO. MD				E. LENGTH OF STAY IN BALTIMORE 1 1/2			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 6/7/51	9. AGE (In years last birthday) 2	10. Under 1 Year Months: Days: Hours: Min.	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE				10B. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) WASHINGTON D.C.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME WILBER W.			
14. MOTHER'S MAIDEN NAME MARGARET PARK				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO			
16. SOCIAL SECURITY NO. NONE				17. INFORMANT MR. WILBER W. BATTLE			
18. 181X				19. ADDRESS ST. 4319 PARKTON			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Sarcoma of Bladder				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Sarcoma of Bladder		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 20, 1953 to Dec. 7, 1953 , that I last saw the deceased alive on 12/7, 1953 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above.							
23A. SIGNATURE Charles H. Williams, M.D.				23B. ADDRESS 3505 N. Charles St.		23C. DATE SIGNED 12-8-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24B. DATE 12/10/53		24C. NAME OF CEMETERY OR CREMATORY MAURY CEM.		24D. LOCATION (City, town, or county) (State) RICHMOND, VA.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 8-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Tickner & Sons		ADDRESS BALTO - 17, MD.	



E-460

EWLER

53 10802

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10802

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dena Euler

2. DATE
OF
DEATH

Dec 6-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3533 Glenmore Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Raspensburg 27-149

D. STREET ADDRESS (If rural, give location)

3533 Glenmore Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 1-1894

9. AGE (in years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto Co Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

August Williams

14. MOTHER'S MAIDEN NAME

Barbara Heinlein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs Harvey Myers 3533 Glenmore Ave

18. 422.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

Twenty

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1953, to Dec 6, 1953, that I last saw the
deceased alive on Dec 1, 1953, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/9/53

Oak Lawn Cem

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 8-1953 H. H. Williams

Lassalle Funeral Home 7401 Belair Rd

RECEIVED THE AMERICAN LEGATION
CENTRAL OFFICE OF THE
AMERICAN LEGATION

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10803
Registered No.53 10803
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Mary Missouri Fitzpatrick

2. DATE
OF
DEATH

12-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Pine Ridge Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-41

D. STREET ADDRESS (If rural, give location)

3604 Milford Ave

C. Length of stay in Baltimore

50 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2-15-1864

9. AGE (In years)

89

If Under 1 Year

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Howard Prendergast

18.

153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

3604 Milford Ave

Cerebral of Colon

INTERVAL BETWEEN ONSET AND DEATH

minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

August 1953

19B. MAJOR FINDINGS OF OPERATION

Cerebral of Colon

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/26, 1953 to 12/7, 1953, that I last saw the deceased alive on 12/6, 1953 and that death occurred at 8 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. W. Galloway M. D.

23B. ADDRESS

4703 Harbor Rd

23C. DATE SIGNED

12/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-10-53

24C. NAME OF CEMETERY OR CREMATORY

Saint Francis

24D. LOCATION (City, town, or county) (State)

Abingdon Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

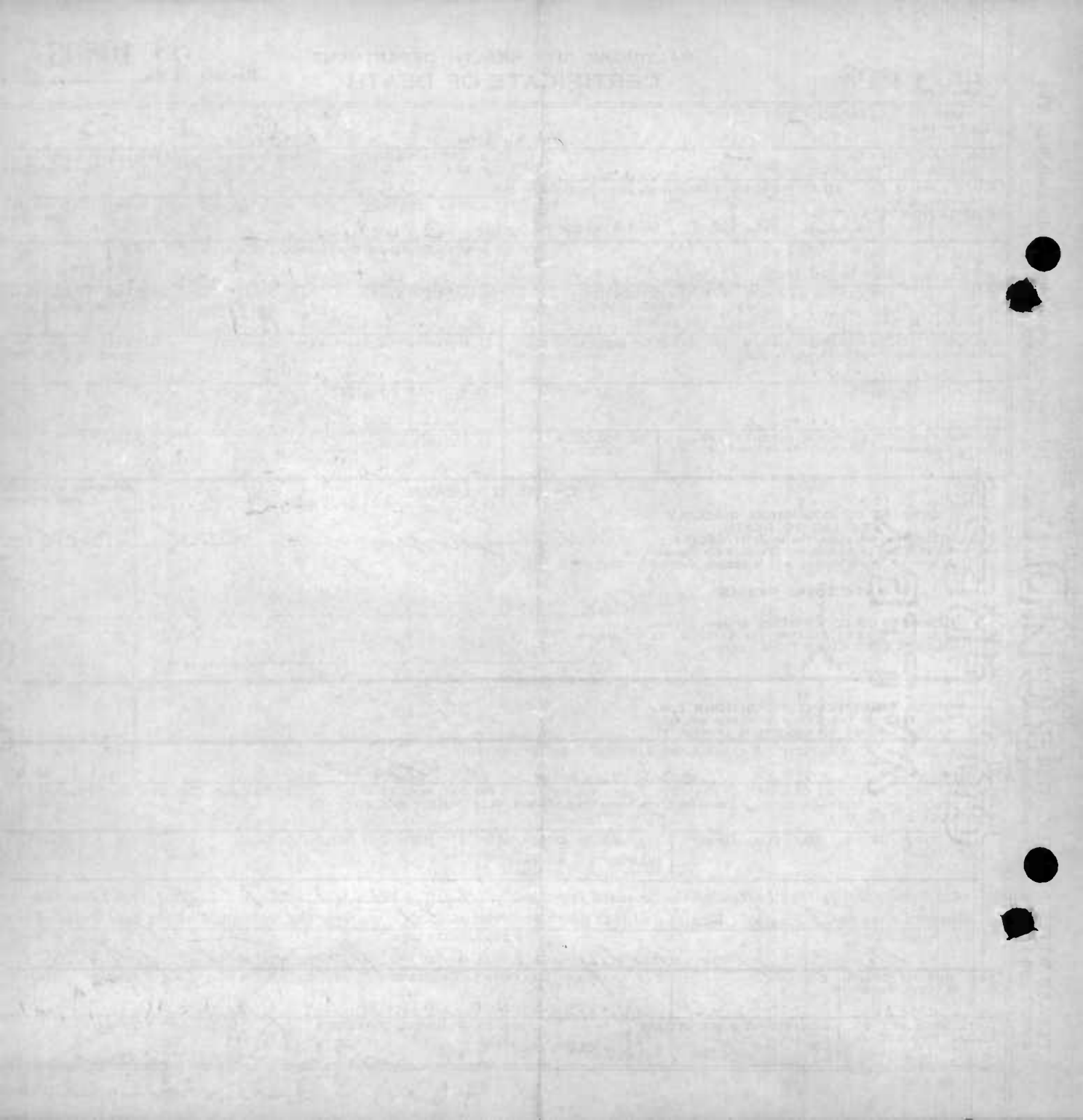
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

E. North Rimacoast

ADDRESS

4600 Liberty Heights Ave



K-500
53 10804BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10804
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Joseph A Kuhn, Sr.

2. DATE
OF
DEATH

Dec. 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

48 Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 28-02

C. Length of stay in Baltimore

35 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4604 Maine Ave. #7

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 17, 1880

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Instrument maker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Francis Kuhn

14. MOTHER'S MAIDEN NAME

Anna Stock

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

220-05-3780

17. INFORMANT

Edward Kuhn

ADDRESS

4604 Maine Ave #7

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive Heart failure with

DUE TO decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension cardio-vascular

DUE TO disease

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 hrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1953, to Dec. 8, 1953, that I last saw the
deceased alive on Dec. 8, 1953, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Valeriana B. Castillo

23B. ADDRESS

M. D.

Maryland General Hospital

23C. DATE SIGNED

12/8/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec. 11, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph Cemetery

24D. LOCATION (City, town, or county)

Hanover, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

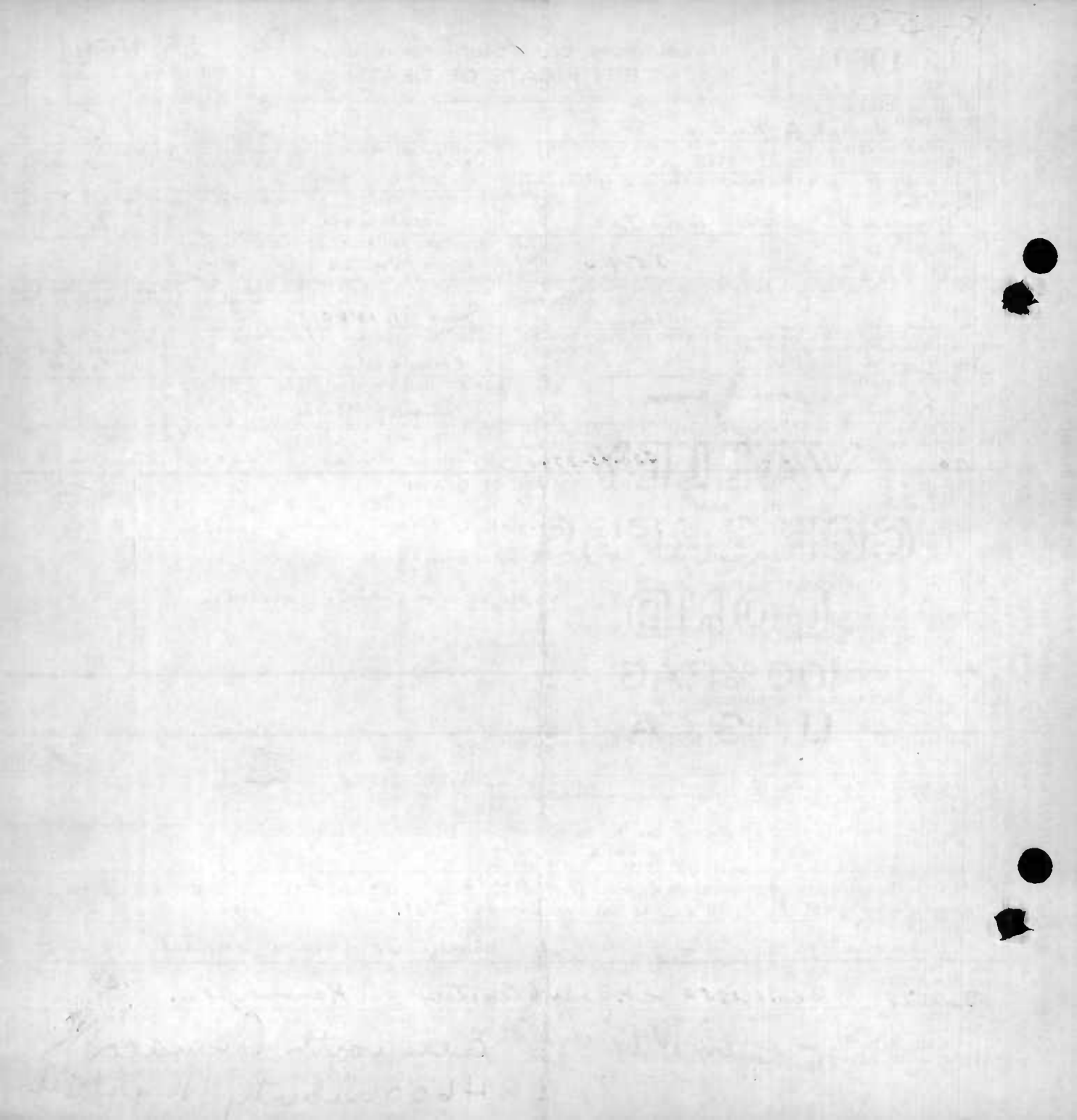
25. FUNERAL DIRECTOR

ADDRESS

DEC 8 - 1953

VS 150

5443W 4600 Liberty Heights Ave

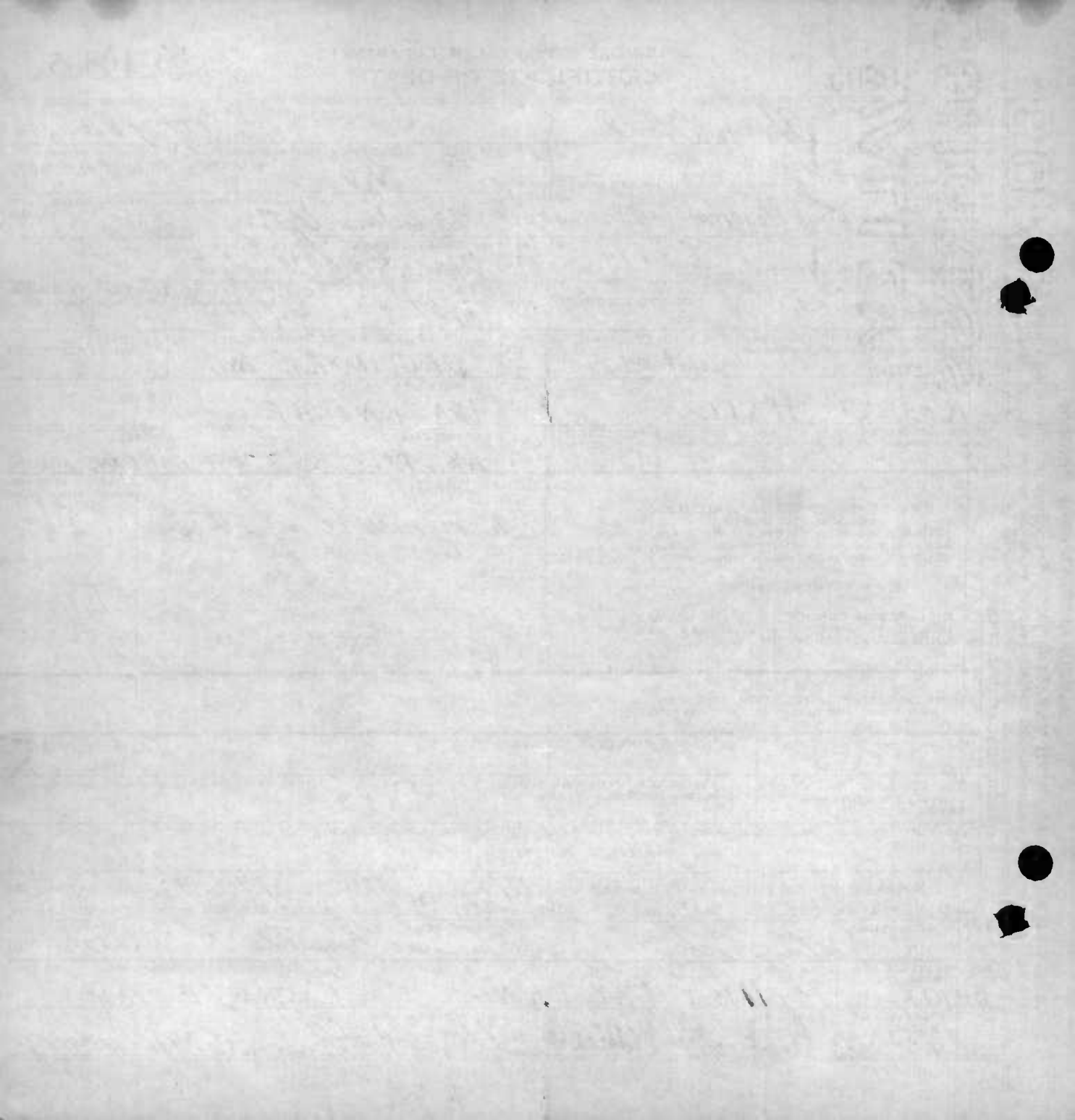


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10805BIRTH NO. 53 10805

1. NAME OF DECEASED (Type or Print) <u>Henry Hall</u>			2. DATE OF DEATH <u>12/7/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Lutheran Hospital of Maryland</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Broadview Apts 12-01</u>		
C. Length of stay in Baltimore <u>Life</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>University & 39th Streets</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>7/6/09</u>	9. AGE (In years last birthday) <u>44</u>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		
13. FATHER'S NAME <u>ROBERT HALL</u>			11. BIRTHPLACE (State or foreign country) <u>BALTIMORE MD</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME <u>IDA. KNOCHF</u>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <u>ANNA BLOCK 3709 GIBBONS AVE</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Acute myocardial infarction</u> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/7</u> 19 <u>53</u> , to <u>12/7</u> 19 <u>53</u> , that I last saw the deceased alive on <u>12/7</u> 19 <u>53</u> , and that death occurred at <u>2:55 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Hester Fisher</u>		23B. ADDRESS <u>Chitturam Hospital</u>		23C. DATE SIGNED <u>12/7/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>12/10/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>PARK LAWN</u>	24D. LOCATION (City, town, or county) (State) <u>BALTIMORE MD</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 8 - 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>Blumen & Hoffmann 1639 Broadway</u>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-152

53 10806

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10806
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Robinson

2. DATE
OF DEATH

Dec. 6 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1132 Brewer St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17-02

D. STREET ADDRESS (If rural, give location)

1123 Brewer St.

C. Length of stay in Baltimore

43 yrs

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 2 1882

9. AGE (In years, last birthday)

71

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Priv. Family

11. BIRTHPLACE (State or foreign country)

Haward Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Moses Johnson

14. MOTHER'S MAIDEN NAME

Nancy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT (Name, address, and relationship to deceased)
Mrs. Isabelle Alexander
208 W. 151st St. N.Y. #39

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ... Cerebral Hemorrhage (Sept)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ... Hypertensive Cardiovascular Disease
(C) ... Arteriosclerosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 hr

6 mo

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29, 1953, to 12-6, 1953 that I last saw the deceased alive on 12-6, 1953, and that death occurred at 10:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Martin Luther King

23B. ADDRESS

558 McQueen St

23C. DATE SIGNED

1/1/54

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 9, 1953

24C. NAME OF CEMETERY OR CREMATOR

Bark Park

24D. LOCATION (City, town, or county)

Cooksville, Ind.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 8-1953

REGISTRAR'S SIGNATURE

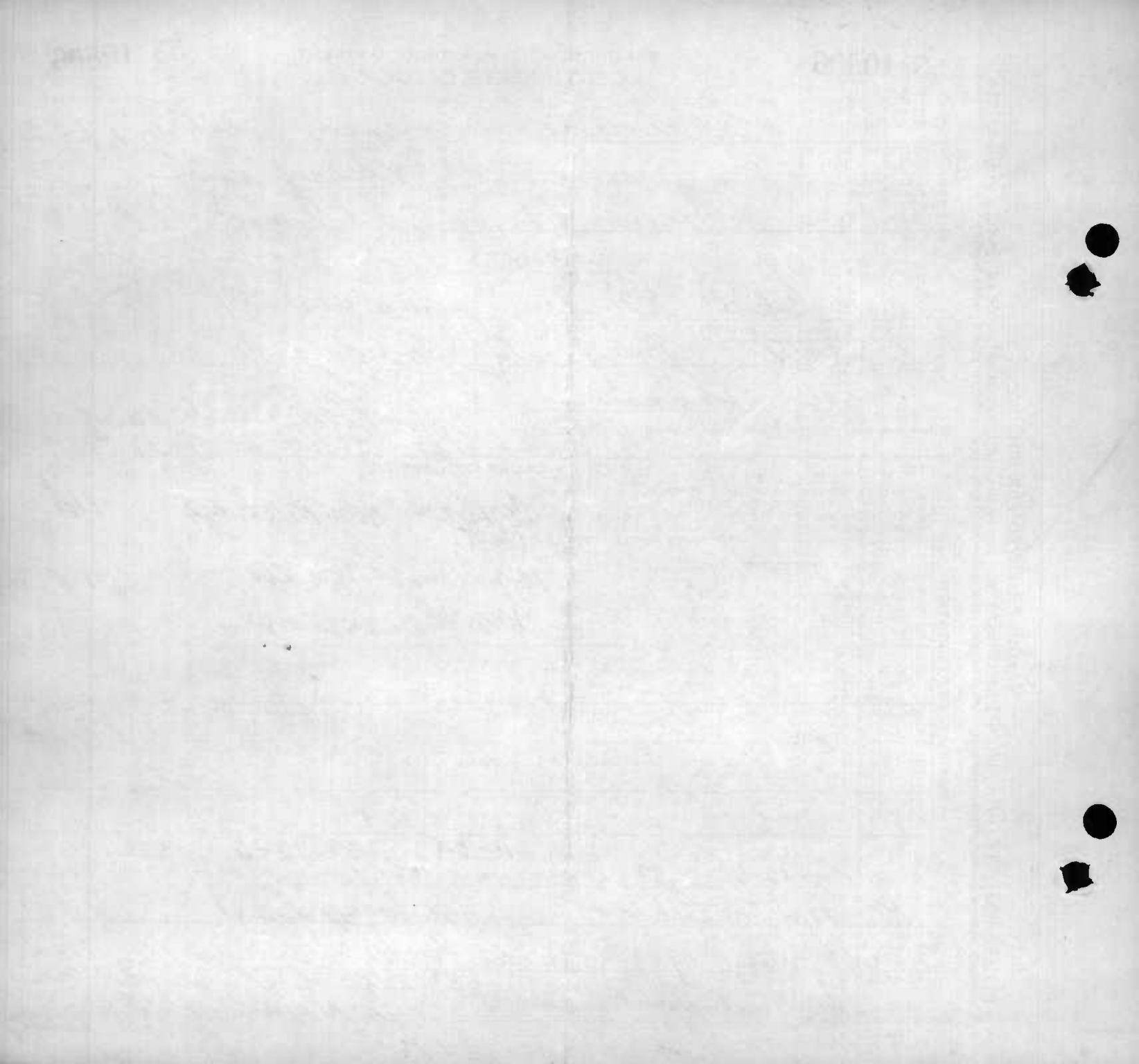
Huntington Williams, M.D.

12. FUNERAL DIRECTOR

1631 David Hill Ave

VS 150

7208A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

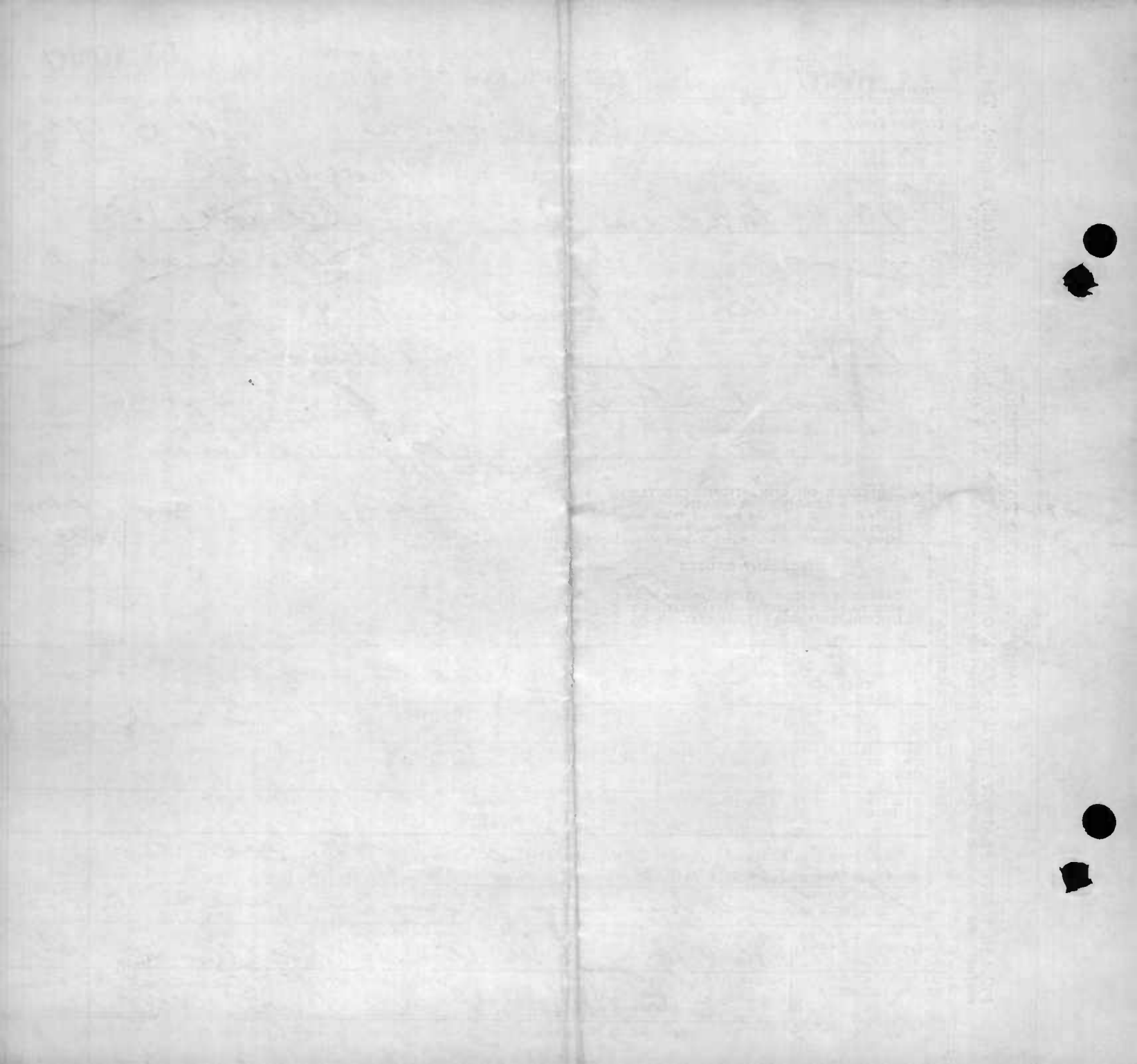
B-650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10807

BIRTH NO. 53 10807

1. NAME OF DECEASED (Type or Print) <i>Edna C. Brown</i>			2. DATE OF DEATH <i>Dec. 5, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1908 Madison Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write R/U/R/L and give township) <i>Baltimore 14-03</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1908 Madison Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 7, 1896</i>	9. AGE (in years, last birthday) <i>57</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maid</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Dom. family</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>Samuel Pichey</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Mauden, Brown</i>			18. ADDRESS <i>1908 Madison Ave.</i>		
18. <i>420.1 and 260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <i>Coronary Heart Disease</i> DUE TO (B) DUE TO (C)		
19. DATE OF OPERATION <i>0</i>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21F. HOW DID INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from <i>Dec. 1, 1953</i> , to <i>Dec 5, 1953</i> , that I last saw the deceased alive on <i>Dec. 5, 1953</i> , and that death occurred at <i>7:30</i> m., from the causes and on the date stated above					
23A. SIGNATURE <i>Stanford P. Henderson</i>			23B. ADDRESS <i>2309 Duval Hill Ave</i>		
23C. DATE SIGNED <i>12-8-53</i>			23D. SIGNATURE		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 9, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Wt. Guburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Wt. Guburn</i>		24F. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8 - 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Funeral Home</i>	
VS 150		7208A		25. ADDRESS <i>1908 Madison Ave.</i>	



Birth Cert.
53-24407
MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53-10808-24407		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53-10808	
1. NAME OF DECEASED (Type or Print) RAMONA HAYES			2. DATE OF DEATH November 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-03		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 638 N. Bruce St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH Oct 2, 1953 U	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) 638 N. Bruce St. K		
13. FATHER'S NAME Wm. David Hayes			14. MOTHER'S MAIDEN NAME Mrs. Ella Hayes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) W			16. SOCIAL SECURITY NO. N		
17. INFORMANT N			ADDRESS		
18. 492X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Interstitial pneumonia ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Prematurity OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William C. Fisher		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. W. C. Fisher		23C. DATE SIGNED Nov. 6, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Crema		24B. DATE 11-30-53		24C. NAME OF CEMETERY OR CREMATORY Morgue	
24D. LOCATION (City, town, or county) 700 Fleet St		24E. (State)			
DATE RECEIVED BY LOCAL REGISTRAR DEC 8-1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. C. Fisher ADDRESS M. D.	

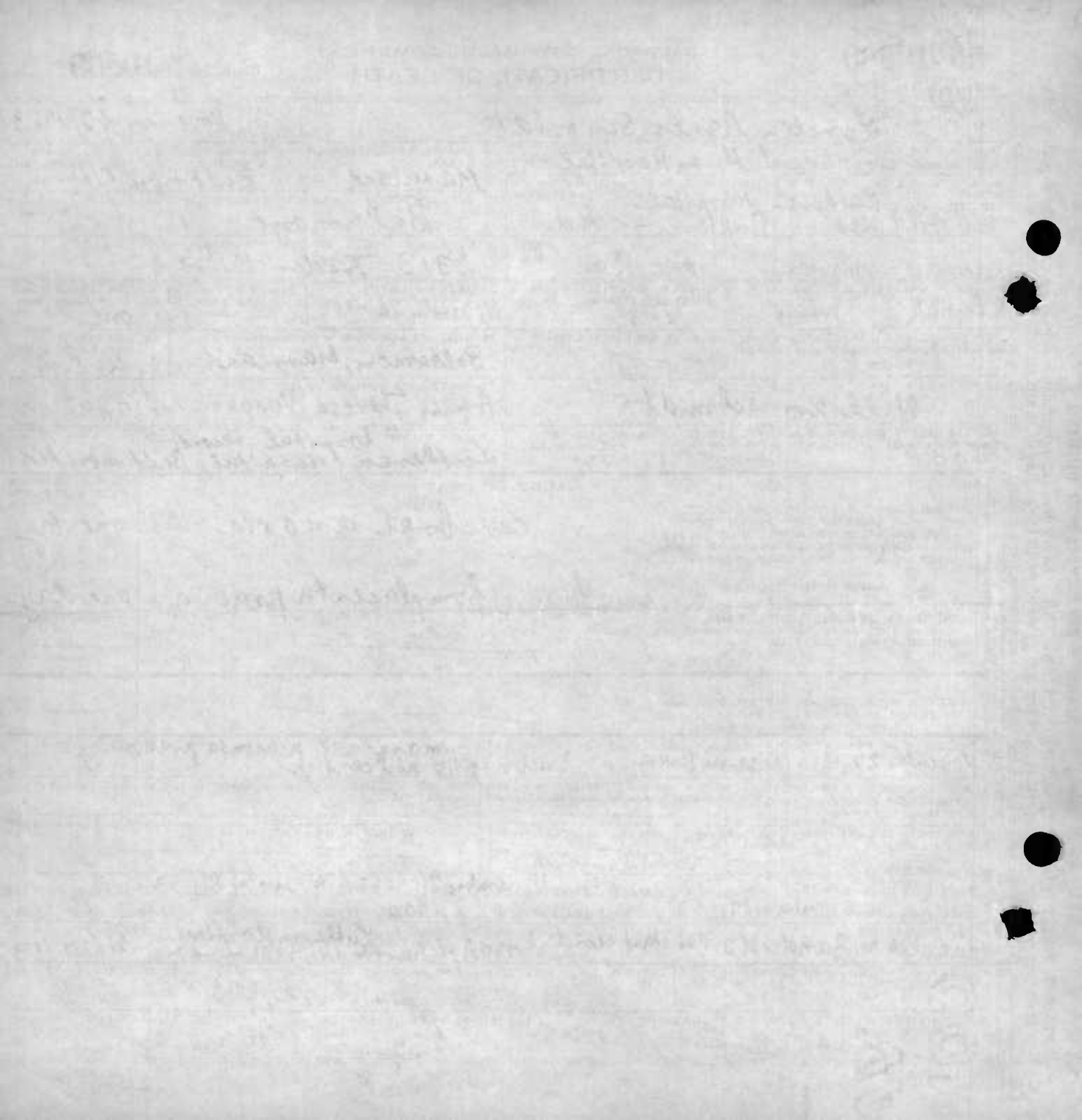
Ella Wineta Johnson

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10809

53 10809
BIRTH NO. 23-29010

1. NAME OF DECEASED (Type or Print) Loretta Agnes Schmidt			2. DATE OF DEATH November 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Lutheran Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital 730 Ashburton St. Baltimore Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-05		
c. Length of stay in Baltimore one day			D. STREET ADDRESS (If rural, give location) 2313 Frederick Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH November 26, 1953	9. AGE (In years last birthday) —	10. Under 1 Year Months: — Days: — Hours: —
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10B. KIND OF BUSINESS OR INDUSTRY —		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME William Schmidt			14. MOTHER'S MAIDEN NAME Agnes Theresa Veronica Wingate		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, on or unknown) no			16. SOCIAL SECURITY NO. —		
17. INFORMANT hospital records			ADDRESS Lutheran Hospital, Baltimore Md		
18. 761.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) cerebral anoxia DUE TO (B) bleeding from placenta praevia DUE TO (C) —					INTERVAL BETWEEN ONSET AND DEATH one day one day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —					
19A. DATE OF OPERATION November 26, 1953 (Cesarean section)		19B. MAJOR FINDINGS OF OPERATION marginal placenta praevia abruptio placentae		AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? —	
22. I hereby certify that I attended the deceased from November 26, 1953 to November 27, 1953 that I last saw the deceased alive on November 27, 1953 and that death occurred at 4:43 pm. from the causes and on the date stated above.					
23A. SIGNATURE Rudolph M. Zander M.D. assistant resident		23B. ADDRESS 730 Ashburton St. Baltimore Md		23C. DATE SIGNED 11/27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) —		24B. DATE —		24C. NAME OF CEMETERY OR CREMATORY —	
24D. LOCATION (City, town, or county) —		24E. STATE —		24F. DATE DEC. 2, 1953	
DATE RECEIVED BY LOCAL REGISTRAR DEC 8-1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Huntington Williams, Jr.	
ADDRESS —		ADDRESS —			



D-656

53 10810
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10810

1. NAME OF DECEASED (Type or Print) <i>Casper L. Boerner</i>			2. DATE OF DEATH <i>Dec. 6/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>31520 N. Hillon</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balt.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Shriners Nursing Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-09</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>4014 Boleman Ave</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>July 6, 1873</i>	9. AGE (In years last birthday) <i>80</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired (Owner)</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Grocery</i>		
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Edward L. Boerner</i>			14. MOTHER'S MAIDEN NAME <i>Anna D. Strubbe</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mr. Chas. Boerner</i>			ADDRESS <i>4741 Neff St</i>		

18. <i>420.1</i>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) <i>Coronary Thrombosis</i>			<i>one day.</i>		
ANTECEDENT CAUSES			(B) <i>Chronic Myocarditis with decompensation.</i>			<i>6 mos</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) <i>Arteriosclerosis</i>			<i>?</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			<i>Cerebral apoplexy</i>			<i>3 mos</i>		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR?		(If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>Aug. 14, 1946</i> , to <i>Dec 6, 1953</i> that I last saw the deceased alive on <i>Dec 3, 1953</i> , and that death occurred at <i>5:00 P.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Maurice A. Shamer</i>			23B. ADDRESS <i>3300m north ave.</i>			23C. DATE SIGNED <i>12-8-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Dec 9 53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 8-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Spring Biers</i>		ADDRESS <i>5018 K. Light Ave Balt. 15. Md</i>		

DEATH

10000

10000



H-416

3-3250

53 10811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10811

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELPRIN MINNIE

2. DATE OF DEATH 12.6.1953
at 9:00 A.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Doctors Hospital4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-07D. STREET ADDRESS (If rural, give location)
2801 Mt. Holly Sts.

c. Length of stay in Baltimore 33 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1867

9. AGE (In years)

last birthday 86

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA. ✓

13. FATHER'S NAME

Abraham Nilenosky

14. MOTHER'S MAIDEN NAME

Dena Faga ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Lillian Kogan - 2801 Mt. Holly St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary edema 2 days
Hypertensive Arterio-
sclerotic cardio-vascular
heart disease 10 yrs

(B)

Cerebro-vascular acc. 2 weeks
death

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia 3 days.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10, 1953, to 12/1, 1953, that I last saw the deceased alive on 12/1, 1953 and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9 - 1953

Huntington Williams

Sol. Levinson + Bros - 1124-26 W North Ave.

CERTIFICATE OF DEATH

HELENE MINNIE

17

CAUSE OF DEATH

1

15

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

53 10812

53 10812

BIRTH NO.

CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

Nancy Ellen SANFORD

2. DATE
OF
DEATH

12-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MARYLAND GENERAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

TOWSON Zone #4

D. STREET ADDRESS (If rural, give location)

1703 Linridge Road, 5355

C. Length of stay in Baltimore

3

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

INFANT

8. DATE OF BIRTH

12-2-53

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

2 1/2

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CLAUDE MILLER SANFORD

14. MOTHER'S MAIDEN NAME

MAE ELIZABETH WILLIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MAE ELIZABETH SANFORD - 1703 Linridge Road

18. 762.5

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Congenital Atelectasis
of the Lungs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Prematurity

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Premature Rupture of the Membranes

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2-53 to Dec 5, 1953, that I last saw the deceased alive on Dec 5, 1953, and that death occurred at 6:34 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. P. Vicente

M. D.

23B. ADDRESS

Maryland Gen. Hosp

23C. DATE SIGNED

12-5-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL DEC. 7, 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

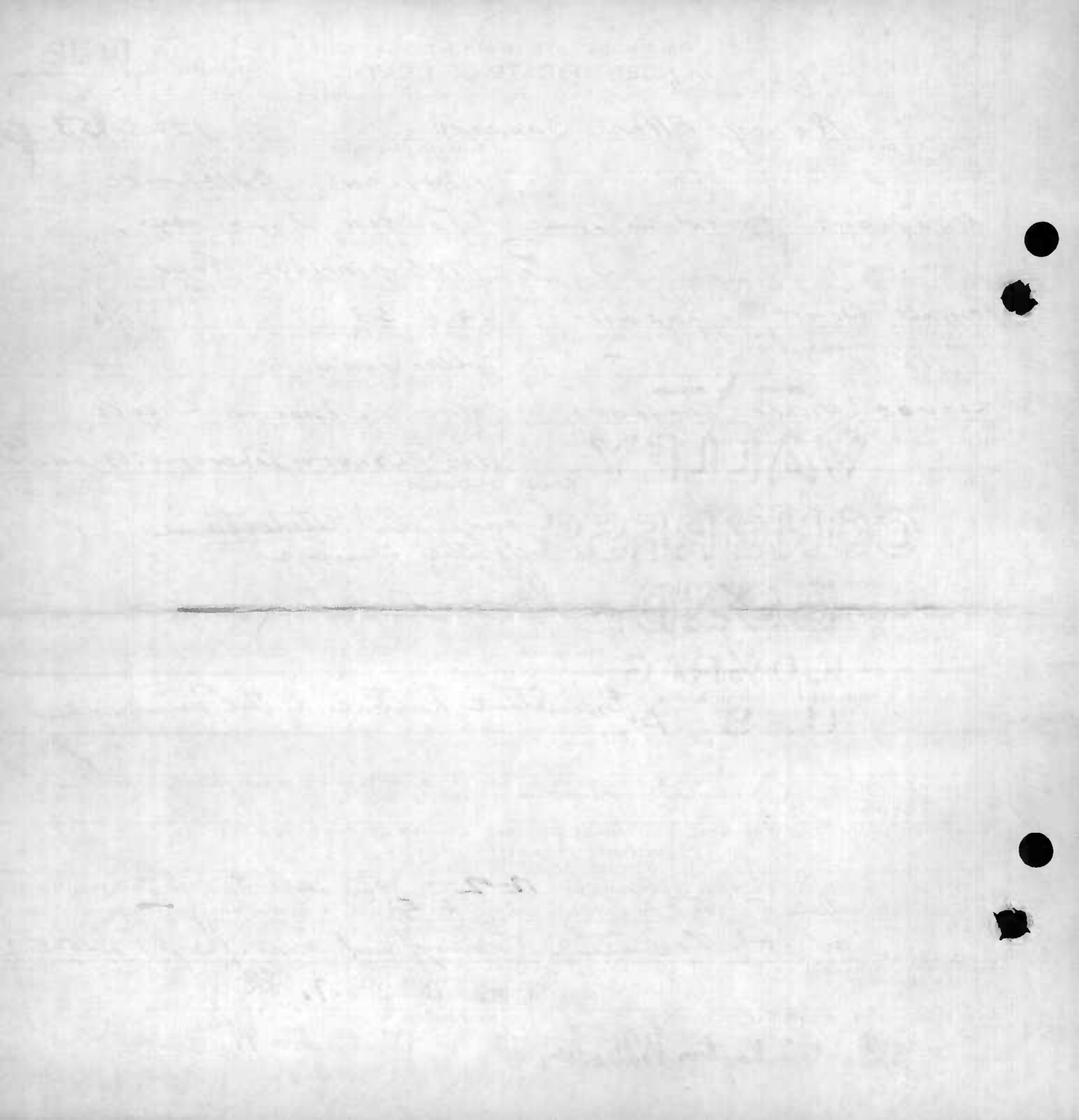
25. FUNERAL DIRECTOR

ADDRESS

DEC 9 - 1953

Huntington Williams, M.D.

Huntington Williams, M.D.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

B-260
53 10813
BIRTH NO. 53-32375

53 10813

1. NAME OF DECEASED (Type or Print) BABY GIRL BUECKER			2. DATE OF DEATH 11-28-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE TOWSON		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 8625 GOETZ AVE 5355		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11-27-53	9. AGE (in years; last birthday)	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME CHARLES NEWCOMB BUECKER			14. MOTHER'S MAIDEN NAME GRACE MARIE STEVENS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT (MOTHER)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	ADDRESS		
18. 762.5 I I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) ATALECTASIS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) IMMATURITY (INFANT WEIGHED 15 oz. or 450 Gms) DUE TO (C)					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-27 , 1953, to 11-28 , 1953, that I last saw the deceased alive on 11-28 , 1953, and that death occurred at 12:30 a.m., from the causes and on the date stated above.					
23A. SIGNATURE W. W. W. W. W.			23B. ADDRESS Union Memorial Hosp		23C. DATE SIGNED 11-28-53
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL		24D. LOCATION (City, town, or county) (State) DEC. 3, 1953
DATE RECEIVED BY LOCAL REGISTRAR DEC 9 - 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR'S ADDRESS Huntington Williams, M.D.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-635

53 10814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Post # 3328

Registered No. 53 10814

BIRTH NO. 53-28543

1. NAME OF DECEASED, (Type or Print) Britton Baby Boy.		2. DATE OF DEATH 11-23-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1025 N. Dallas St. #5	
5. SEX male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 11-23-53
9. AGE (In years last birthday) 4		10. Under 1 Year Months Days 4 30	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Beulah Britton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity. DUE TO (A) Prematurity. ANTECEDENT CAUSES (B) Prematurity. DUE TO (C) Prematurity. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 11-23-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-23-53 to 11-23-53 that I last saw the deceased alive on 11-23-53 and that death occurred at 10:45 am. , from the causes and on the date stated above.			
23A. SIGNATURE William S. Parber		23B. ADDRESS Sinai Hospital	
23C. DATE SIGNED 11-23-53		23D. NAME OF CEMETERY OR CREMATORY	
23E. LOCATION (City, town, or county) (State) JOHN HOPKINS MEDICAL SCHOOL		23F. DATE DEC. 3, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF REGISTRAR Huntington Williams, M.D.		24D. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953		24F. FUNERAL DIRECTOR Huntington Williams, M.D.	
24G. ADDRESS		24H. ADDRESS	

22 April 1944

Letter to J. P. ...

Dear ...

I am ...

Very ...

Yours ...

...

...

...

...

...

...

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10815

BIRTH NO. 53 10815

1. NAME OF DECEASED
(Type or Print)

ROSA A. TALBOT

2. DATE
OF DEATH Dec. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Essex

D. STREET ADDRESS (If rural, give location)

368 Nicholson Road

c. Length of stay in Baltimore

43 Years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 1, 1883

9. AGE (In years
last birthday)

70

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

? Neff

14. MOTHER'S MAIDEN NAME

? Mann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Preston J. Talbot 407 Dorsey Ave.

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Multiple fractures of skull, nose,
left tibia and fibula

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Multiple skin lacerations and abrasions

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
street21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Taylor Ave. & Eastern Ave. 53-54

21D. TIME (Month) (Day) (Year) (Hour)

Dec. 7, 1953 about 4:45 P. M.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jarboe

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 8, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 10, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

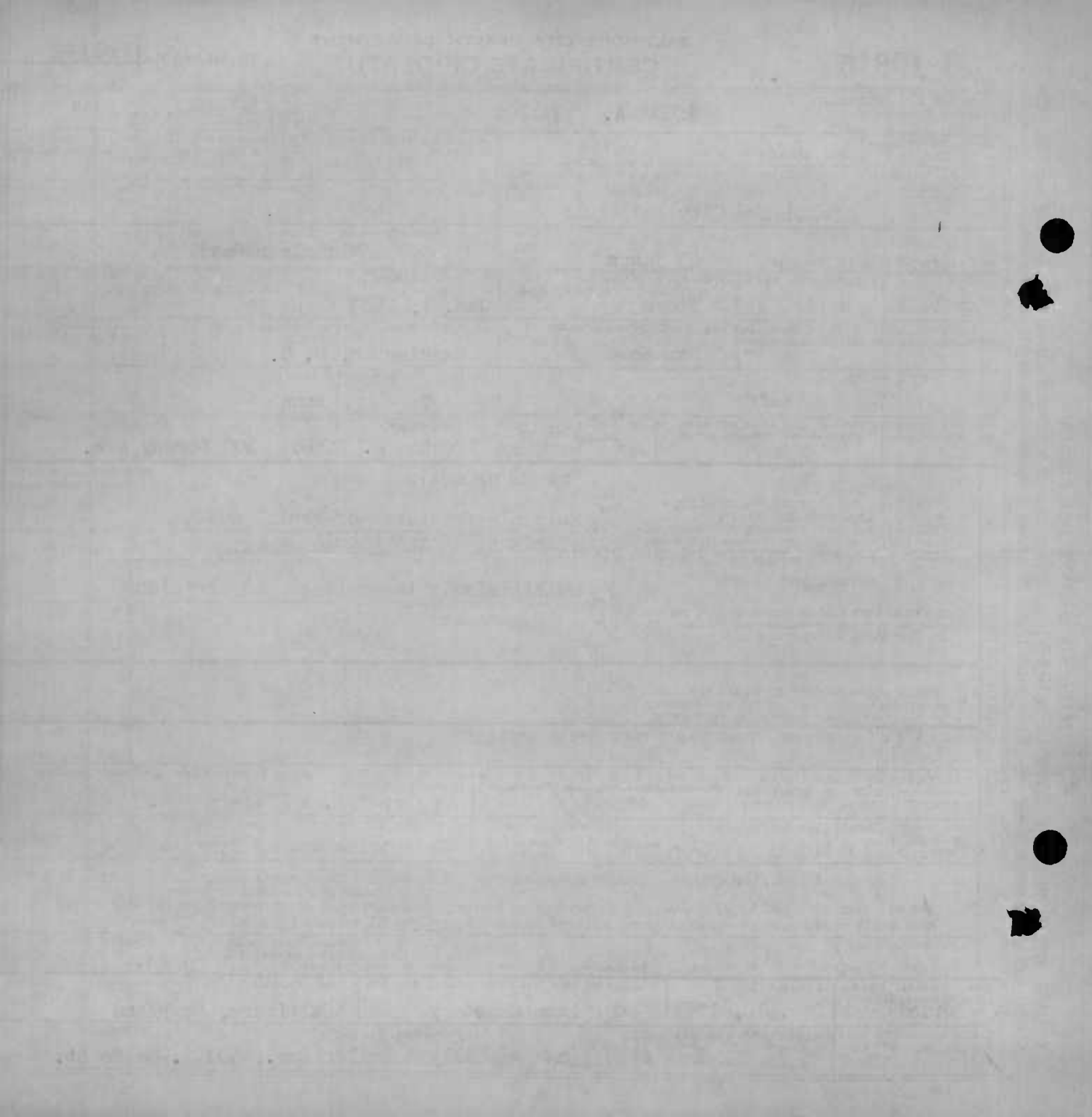
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler Inc., 403 S. Wolfe St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

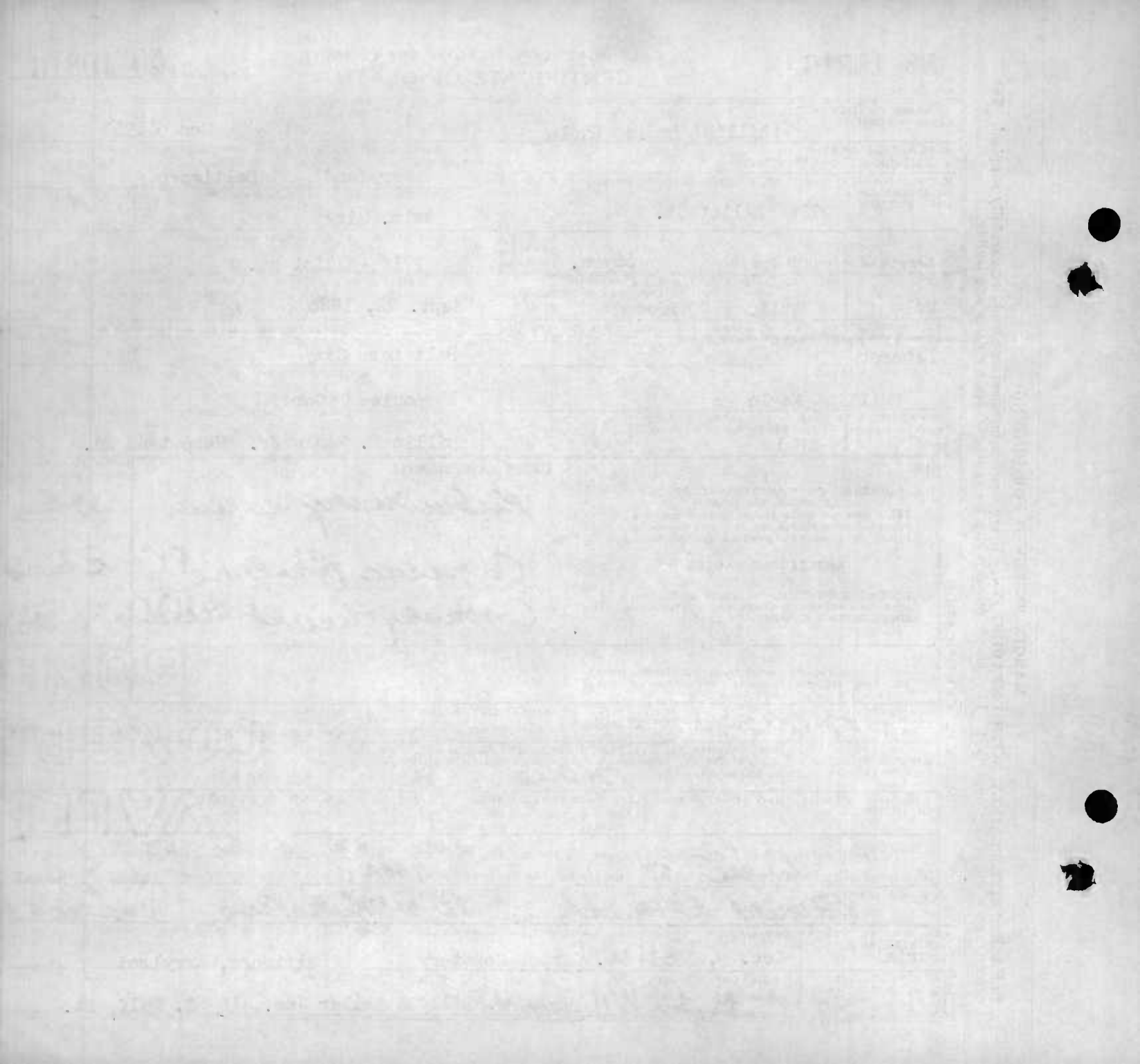
N-240

53 10816

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10816

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Phillip Louis Nagle		2. DATE OF DEATH Dec 6 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2718 Elliot St.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balt. City 1-04			
C. Length of stay in Baltimore 66yrs.		O. STREET ADDRESS (If rural, give location) 2718 Elliot st.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 22, 1886		9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore City	
13. FATHER'S NAME Phillip Nagle		14. MOTHER'S MAIDEN NAME Louise Cordy		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes WW 1		16. SOCIAL SECURITY NO. 215-05-7394		17. INFORMANT ADDRESS Phillip L. Nagle Jr. Hampstead Md.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary edema 24 hrs Cardiac failure 6 mos Coronary heart disease 1 yr		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4 Dec 53 to 4 Dec 53, that I last saw the deceased alive on 6 Dec 53, and that death occurred at 1130 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Edward A. Mark		23B. ADDRESS 7234 Lake Ave		23C. DATE SIGNED 8 Dec 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 9, 1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc., 403 S. Wolfe St.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		26. ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10817**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MATTIE B. SMITH**2. DATE
OF DEATH **Dec. 7, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**1137 N. Carey St.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

1137 N. Carey St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

April 10, 18839. AGE (In years;
last birthday)**70**11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Domestic**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**U. S. A.**

13. FATHER'S NAME

Moses Brown

14. MOTHER'S MAIDEN NAME

Unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Roy 1137 N. Carey St.18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Cardio - Vascular**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Renal Disease**
DUE TO(C) **Senility**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 4, 1953**, to **Dec. 7, 1953**, that I last saw the
deceased alive on **12/4**, 1953, and that death occurred at **7** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

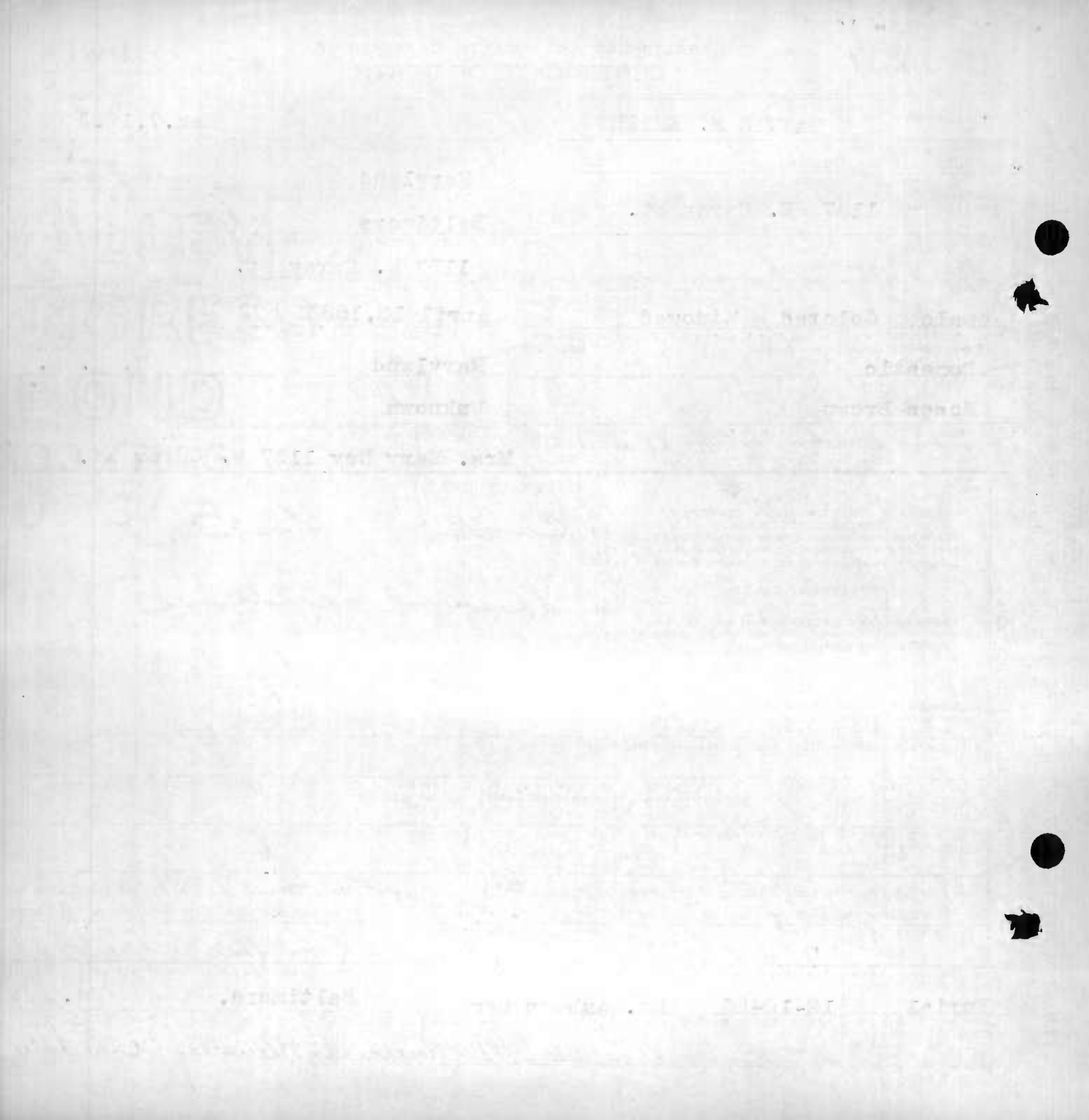
Burial**12-10-53****Mt. Auburn Cem****Baltimore,****Md.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9-1953**Huntington Williams, M. D.**



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-420

53 10818

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10818
Registered No.

1. NAME OF DECEASED (Type or Print) EMORY WELCH		2. DATE OF DEATH 12-5-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-03	
c. Length of stay in Baltimore 9 Yrs.		D. STREET ADDRESS (If rural, give location) 607 Brune St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH March 22, 1884
9. AGE (In years last birthday) 69		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY? ✓	
13. FATHER'S NAME Welch		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Sallie Wilson		ADDRESS 713 Brune St	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure DUE TO Hypertensive Cardio-renal Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pneumonia bilateral; Ascitis		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. TIME (Month) (Day) (Year) (Hour) OF INJURY		21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21E. HOW DID INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 5, 1953 , to Dec. 5, 1953 , that I last saw the deceased alive on Dec. 5, 1953 , and that death occurred at 10:20 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE George R. Lewis M.D.		23B. ADDRESS Provident Hospital	
23C. DATE SIGNED 12-7-53		23D. DATE RECEIVED BY LOCAL REGISTRAR DEC 9 - 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-9-53	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
24E. REGISTRAR'S SIGNATURE Huntington Williams		24F. FUNERAL DIRECTOR Matthew C. Hensley	
24G. ADDRESS 5780		24H. ADDRESS 5780	

VS 150

78464

12-2-23

EMORY WELCH

Highland

Baltimore

1000

President Hospital
D.H.

W. J. V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-552
53 10819
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10819
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Alexander Cunningham</i>		2. DATE OF DEATH <i>12-7-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>B</i> COUNTY <i>W. Lanvale</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-02</i>	
C. Length of stay in Baltimore <i>30</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1514 Division Street</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>separated</i>	8. DATE OF BIRTH <i>unknown</i>
9. AGE (In years last birthday) <i>67</i>		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unemployed</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>u</i>	
11. BIRTHPLACE (State or foreign country) <i>Durham, N.C.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. <i>163X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Respiratory failure</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Carcinoma of the lung</i> (C) <i>Emphysema, left lung</i> <i>Pulmonary congestion</i> <i>marked emaciation</i>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>7</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (if in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-6-53</i> 19, to <i>12-7-53</i> 19, that I last saw the deceased alive on <i>12-7-53</i> , and that death occurred at <i>5:05 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Jorge R. Lamo</i> M.D.	23B. ADDRESS <i>Provident Hospital</i>	23C. DATE SIGNED <i>12-8-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12-10-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>National Free</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 9-1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Mr. Frances G. Hensley</i> ADDRESS <i>318 W. Biddle St.</i>	

VS 150

from last Hop.

Alexander Cunningham

12-1-23

6018 W. Conover Street

John K. Taylor

University of Michigan

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-624
53 10820

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10820

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL A FORSHLAGER

2. DATE OF DEATH

12-8-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-20

3912 Bancroft Road
c. Length of stay in Baltimore 40 Yrs. 10 Days

D. STREET ADDRESS (If rural, give location)
3912 Bancroft Road

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

9. AGE (in years last birthday)

35

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Builder

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Shankam

14. MOTHER'S MAIDEN NAME

Shuma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Fanny Forshlager - same

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

myocardial infarction 2 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary thrombosis 2 mos

(C)

coronary sclerosis — ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/5/53 to present, 1953, that I last saw the deceased alive on 12/5/53 and that death occurred at 8 PM, from the causes and on the date stated above.

23A. SIGNATURE

William D. Penner

M. D.

23B. ADDRESS

11 W. 29th St

23C. DATE SIGNED

12/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-9-53

24C. NAME OF CEMETERY OR CREMATORY

Shaarer Field

24D. LOCATION (City, town, or county)

Balto, Md

DATE RECEIVED BY LOCAL REGISTRAR

DEC 9 - 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Jr 2100 Eutan Pl

ADDRESS

VS 150

29024

Kerner
11 W 29 St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10821M-320
53 10821
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUISE MATZ			2. DATE OF DEATH Dec. 8, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lutheran Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-16		
c. Length of stay in Baltimore 14 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 2824 Edgecomb Circle South		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 21		9. AGE (In years last birthday) 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Covington - Ky		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter Mc Kenzie			14. MOTHER'S MAIDEN NAME Agnes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Samuel Matz - Son		

18. **E974X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Asphyxia**
DUE TO **Hanging**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
cellar21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
2824 Edgecomb Circle21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
December 7, 195321e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21f. HOW DID INJURY OCCUR?
Hanged self by rope in cellar22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23c. DATE SIGNED
Dec. 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

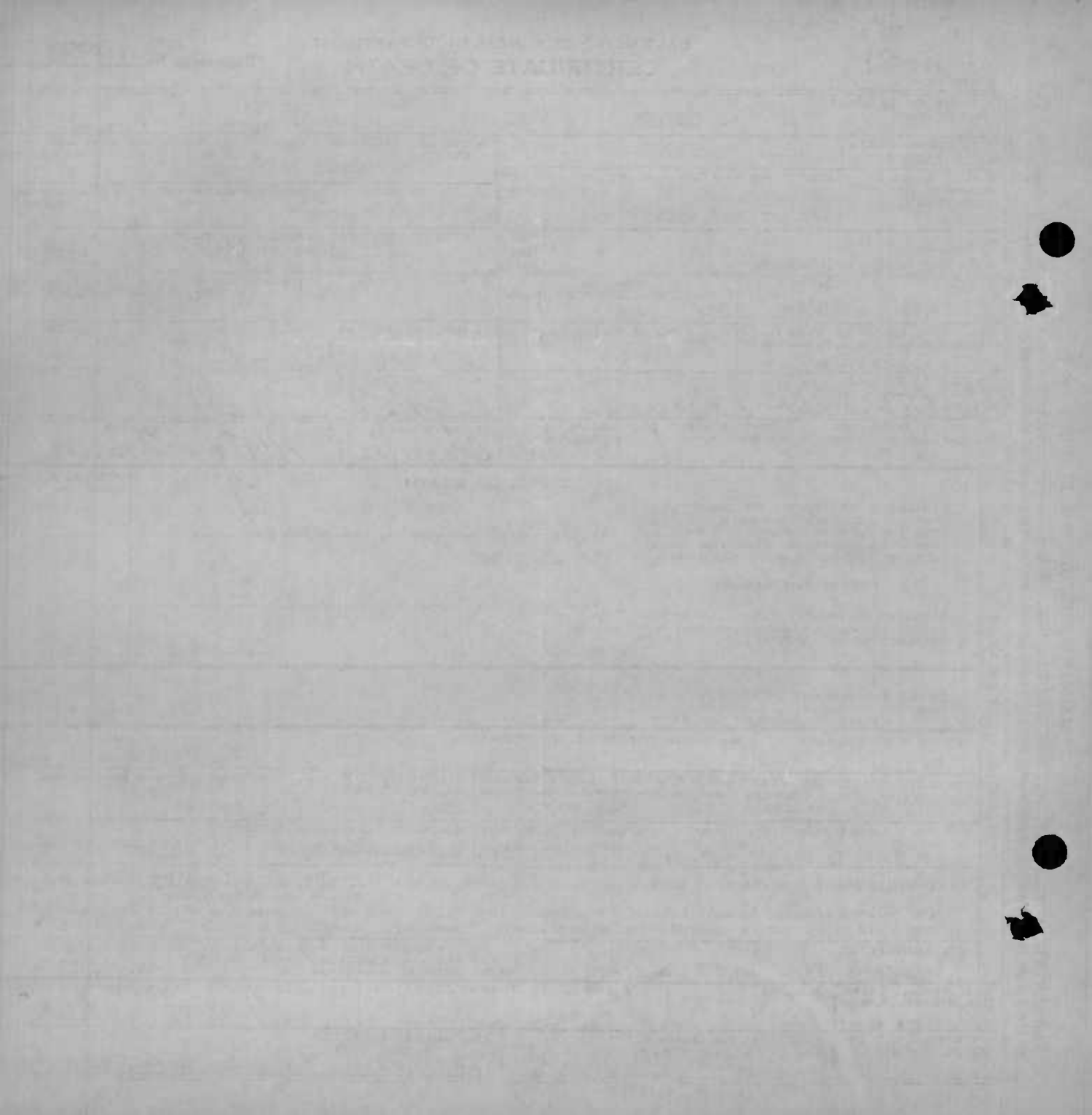
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

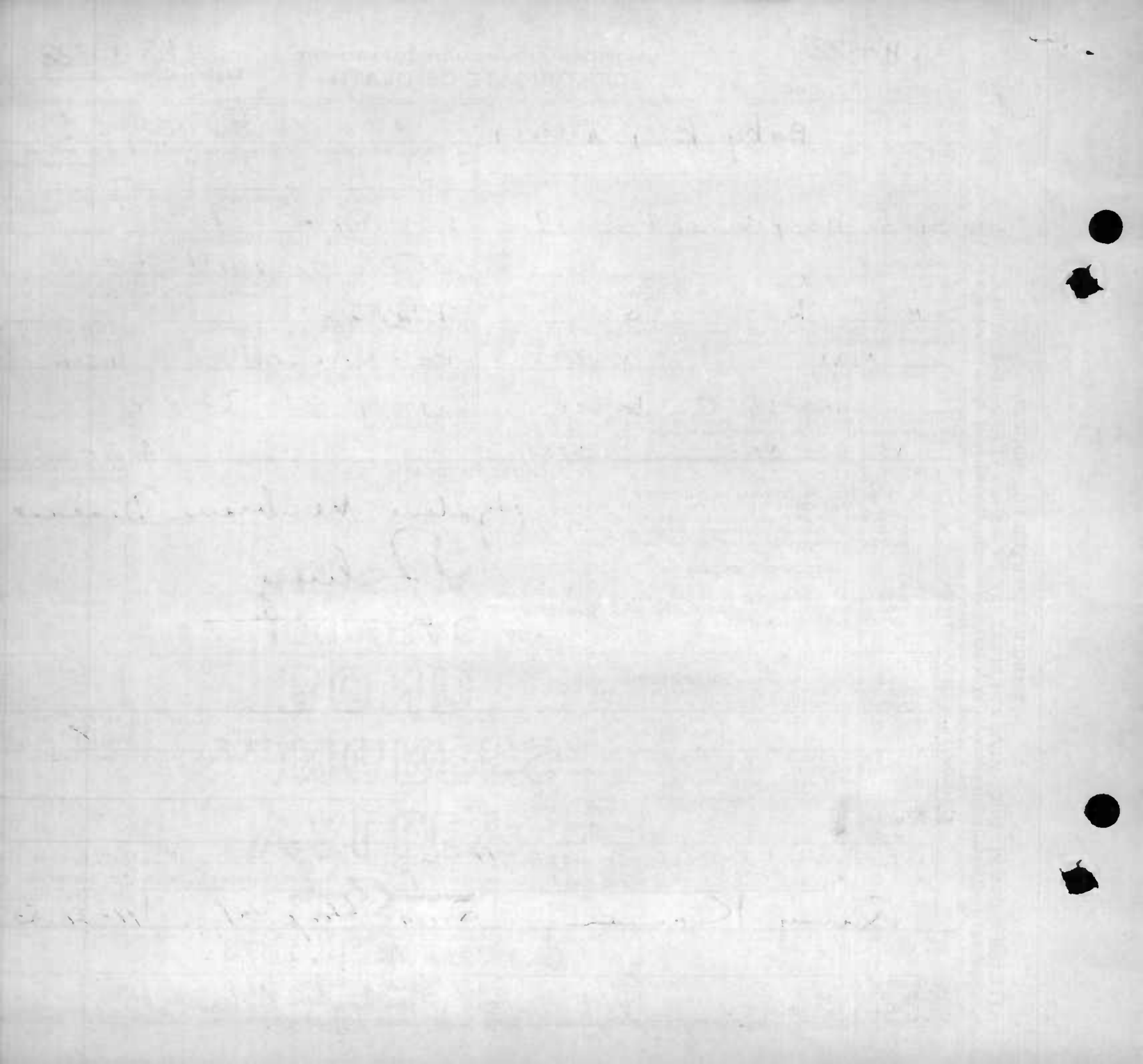
N991X



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-160 53 10822		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10822 Registered No.	
BIRTH NO. 53-27751					
1. NAME OF DECEASED (Type or Print) Baby Boy Deaver			2. DATE OF DEATH 11-15-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE md B. COUNTY 9-07		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Balto-Inc			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 3 Mos. 1 Days 1			D. STREET ADDRESS (If rural, give location) 2520 Aisquith St #18		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH 11-13-53	9. AGE (In years, last birthday) 2 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) Baltimore, md	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Joseph C. Deaver		14. MOTHER'S MAIDEN NAME Mary Sals Deaver	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Above	
18. 744.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hyaline Membrane Disease of lung			CAUSE OF DEATH Interval between onset and death		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 11-13 , 19 53 to 11-15 , 19 53 , that I last saw the deceased alive on 11-15 , 19 53 and that death occurred at 3 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE 1 Dr. J. Kramer		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 11-20-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State)		24E. DATE DEC 3, 1953			
DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953		REGISTRAR'S SIGNATURE H. H. Williams, M.D.		25. FUNERAL DIRECTOR H. H. Williams, M.D.	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10823

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10823

BIRTH NO. 53-28114

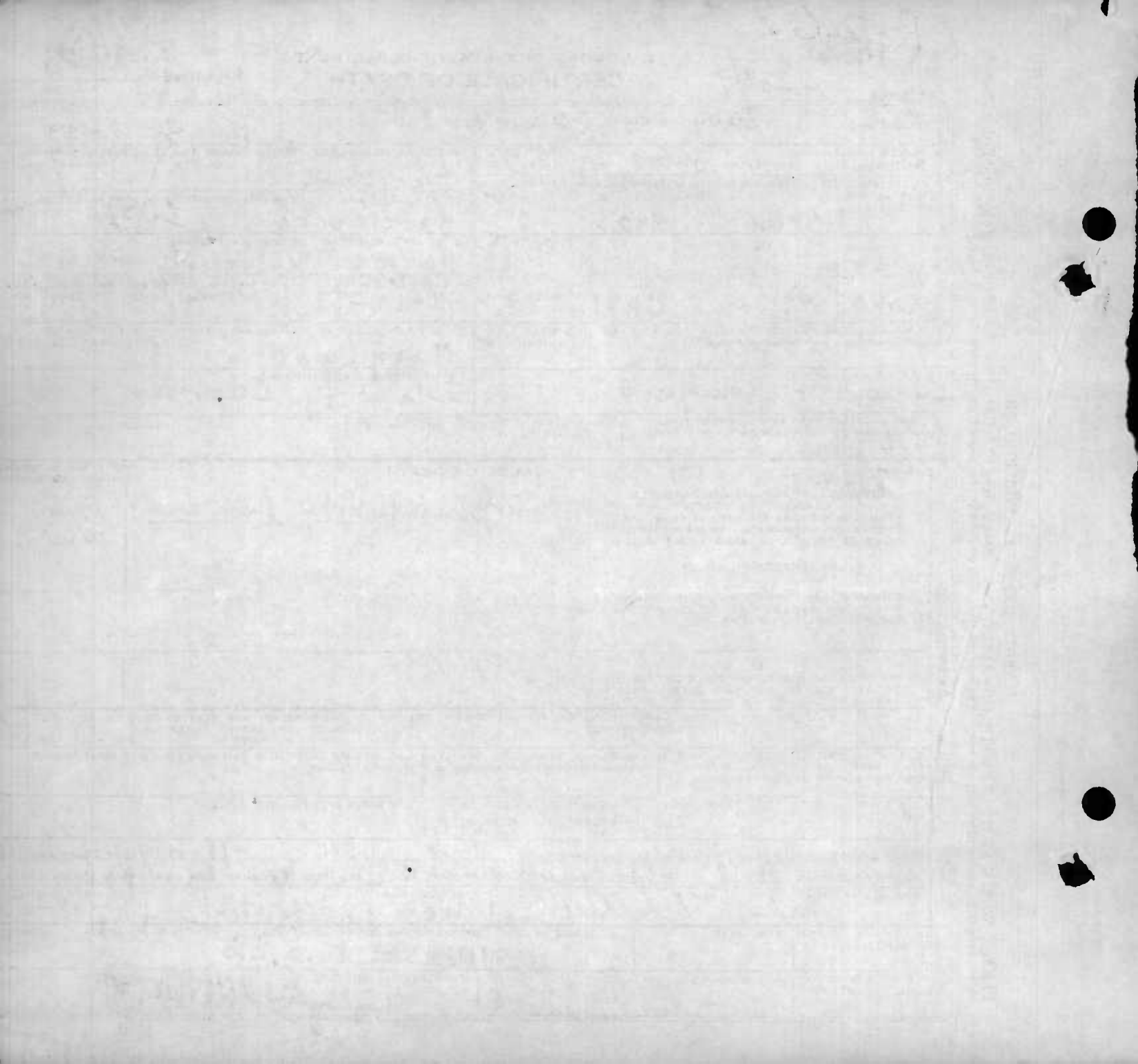
1. NAME OF DECEASED (Type or Print) Baby Boy Rouchard		2. DATE OF DEATH 11-18-53	
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto 2, M.D.		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital 1 1/2 hrs.		c. CITY OR TOWN (If outside corporate limits, note R.L. and give township) Baltimore 12-01	
c. Length of stay in Baltimore Mos. Days		d. STREET ADDRESS (If rural, give location) 116 West University PK way	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 11-17-53
9. AGE (In years, last birthday) 1		10. Under 1 Year Months: Days: Hours: Min.	11. Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edmont F. Rouchard		14. MOTHER'S MAIDEN NAME Elizabeth Capitan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (26 weeks)		INTERVAL BETWEEN ONSET AND DEATH 1 hr 20 min.
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-17-1953 to 11-18-1953 that I last saw the deceased alive on 11-18-1953 , and that death occurred at 12 20 a.m. , from the causes and on the date stated above.							
23A. SIGNATURE Rita Scheller				23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 11-18-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS	

UNIVERSITY MEDICAL SCHOOL DEC. 2, 1953

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-350
53 10824
53-28019BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10824
Registered No.

BIRTH NO. 53-28019			
1. NAME OF DECEASED (Type or Print) <i>Baby Girl Stein</i>			2. DATE OF DEATH <i>11/17/53</i>
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>37 Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>11-01</i>	
C. Length of stay in Baltimore <i>3</i> Days		D. STREET ADDRESS (If rural, give location) <i>1106 Guilford Ave. (2)</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>11/14/53</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) <i>3</i>
13. FATHER'S NAME <i>Le Roy Stein</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Florence Wilhelm</i>	
17. INFORMANT <i>Father</i>		ADDRESS <i>above</i>	
18. <i>763.5</i> CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Aspiration Pneumonia</i>			
DUE TO (A) <i>Aspiration Pneumonia</i>			
ANTECEDENT CAUSES (B) <i>SCLEREMA NEONATORUM, PREMATUREITY</i>			
DUE TO (C) <i>SCLEREMA NEONATORUM, PREMATUREITY</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>✓</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/14</i> , 19 <i>53</i> to <i>11/17</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>11/17</i> , 19 <i>53</i> , and that death occurred at <i>8:40 Am.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Harvey S. Hecker</i> M. D.		23B. ADDRESS <i>Mercy Hospital</i>	23C. DATE SIGNED <i>11/17/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>UNIVERSITY MEDICAL SCHOOL DEC. 2, 1953</i>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 9-1953</i>	REGISTRAR'S SIGNATURE <i>H. L. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>H. L. Williams, M.D.</i>	ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10825
Registered No.53 10825
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles Clifton</i>			2. DATE OF DEATH <i>Dec 5 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>26-36</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>City Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>5706 Swallow Lane North</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5-12-13</i>	9. AGE (In years last birthday) <i>42</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stencore</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Ship yard</i>	11. BIRTHPLACE (State or foreign country) <i>Charleston S. C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
13. FATHER'S NAME <i>Charles Clifton Sr.</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>214-07-8120</i>	17. INFORMANT ADDRESS <i>Martha Clifton 5706 Swallow Lane N.</i>		

18. 022X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Sepsis*
DUE TO(B) *Rupture of Aortic Aneurysm*
DUE TO(C) *Hemopericardium*

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Partial Autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: *natural causes* ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR

23C. DATE SIGNED

Dec 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*DEC 9-1953**H.ington Williams, M.D.**Lewis Henry**1307 Madison Ave.*

UNITED STATES DEPARTMENT OF HEALTH
CENTROCENTRO DE INVESTIGACIONES

1955-1956

1957-1958

1959-1960

1961-1962

1963-1964

1965-1966

1967-1968

1969-1970

1971-1972

1973-1974

1975-1976

1977-1978

1979-1980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10826
Registered No.53 10826
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LAURA E. SCHERTLEN			2. DATE OF DEATH Dec. 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO.		
5. FULL NAME OF HOSPITAL OR INSTITUTION Home For Incurables 40th & Keswick.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 5229 Bensen Ave		
7. SEX F.	8. COLOR OR RACE W.	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH Sept. 25, 1874		11. AGE (in years last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10B. KIND OF BUSINESS OR INDUSTRY Com. Motor Vehicles		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Julius Schertlen			14. MOTHER'S MAIDEN NAME Pauline		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. 212-22-0775		
17. INFORMANT			ADDRESS Mrs James R. Grimm, 5229 Bensen Ave.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis		
DUE TO (B)		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cystitis		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1 Nov , 19 53 , to 7 Dec , 19 53 , that I last saw the deceased alive on 7 Dec , 19 53 , and that death occurred at 1:40 m., from the causes and on the date stated above.					
23A. SIGNATURE Harold P. Biehe		23B. ADDRESS 11 E. Chase Baltimore Md		23C. DATE SIGNED 7 Dec. 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 10, 1953		24C. NAME OF CEMETERY OR CREMATORY Western Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Huntington Williams, Harry H. Witzke		24F. ADDRESS 4101 Edmondson Ave.	

MINISTRY OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

OTHER

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-425

53 10827

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10827
Registered No. 3698

1. NAME OF DECEASED (Type or Print) RACHEL WILSON		2. DATE OF DEATH Dec 6-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 16-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1515 W. Lorraine St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 13		D. STREET ADDRESS (If rural, give location) 1515 W. Lorraine St	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 18-1880
9. AGE (In years last birthday) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTH PLACE (State or foreign country) Baltimore Md
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Henry Hutton		14. MOTHER'S MAIDEN NAME Rachel Hutton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Nellie Gibson		ADDRESS 1006 N. Calhoun	
18. 331X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral hemorrhage	
ANTECEDENT CAUSES		(B) Arterio Sclerosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-29 , 1953 to 12-6 , 1953 that I last saw the deceased alive on 12-5 , 1953, and that death occurred at 3 A.m. , from the causes and on the date stated above.			
23A. SIGNATURE Frank A. Saunders		23B. ADDRESS 1029 N. Strickland	
23C. DATE SIGNED 12-8-53			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Dec 9-1953	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Brooks Ruggold	ADDRESS 14637 Cany St

REPUBLIC OF THE UNITED STATES OF AMERICA



MARGIN RESERVED FOR BINDING

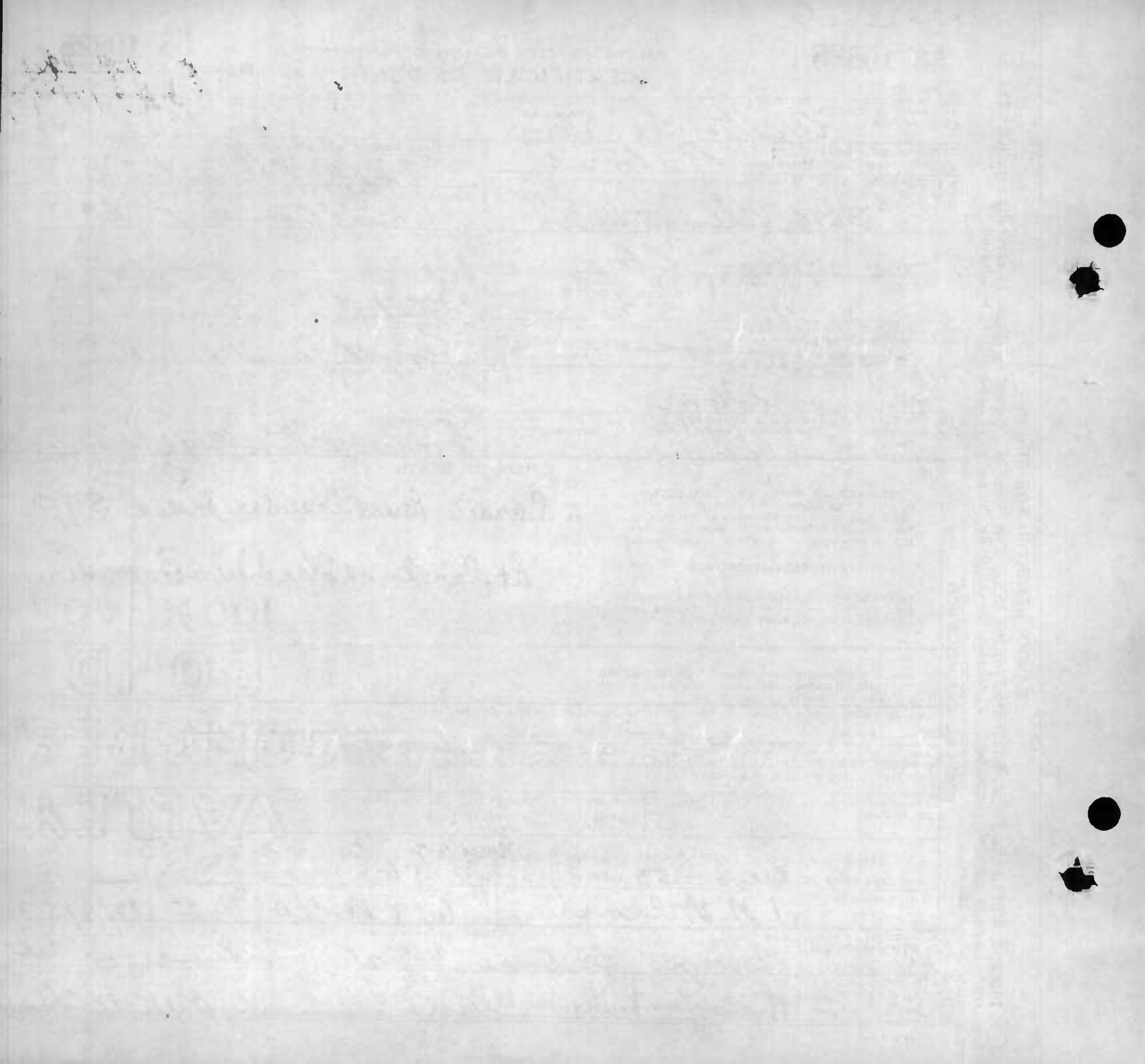
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

S-350
53 10828
STEM
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
53 10828
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Walter Lee Stern</i>		2. DATE OF DEATH <i>Dec 8, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>3619 Chesnut Ave.</i> COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3619 Chesnut Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md.</i>			
c. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>13-07</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 21 1899</i>	9. AGE (In years last birthday) <i>54</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Roofer</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Carroll Co. Md.</i>	
13. FATHER'S NAME <i>Harry Stern</i>		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i> (If yes, give war or dates of service) <i>WWI</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Leonard Stern</i> ADDRESS <i>3619 Chesnut Ave.</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cardio-Renal-Vascular Disease</i>		(A) <i>54 yrs.</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Rt. Cerebral Thrombosis</i>		(B) <i>2 days</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 22</i> , 1950, to <i>Dec 8</i> , 1953, that I last saw the deceased alive on <i>Dec 8</i> , 1953 and that death occurred at <i>5A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J N Wilson</i> M. D.		23B. ADDRESS <i>617 N. 40th St</i>		23C. DATE SIGNED <i>12/8/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 11 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore National</i>	
24D. LOCATION (City, town, or county) (State) <i>Fredrick Ave Balt Md</i>		25. FUNERAL DIRECTOR <i>Paul E. Chensworth</i>		ADDRESS <i>3615-17 Chesnut Ave</i>	

VS 150
581 24



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-400 53 10829		DOYLE BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10829 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Doyce, Mary</i>			2. DATE OF DEATH <i>12-7-53</i> <i>at 1:00 p.m.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>Doctors Hospital</i> <i>2724 N. Charles</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore md</i>		
c. Length of stay in Baltimore <i>40</i> Yrs. <i>12-07</i> Mo. <i>Days</i>			D. STREET ADDRESS (If rural, give location)		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>May 4/1880</i>	9. AGE (In years last birthday) <i>74</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <i>Beckysville md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>John Henry Hampshire</i>			14. MOTHER'S MAIDEN NAME <i>Sophie Hampshire</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>John Doyle</i> ADDRESS <i>3118 Remington Ave</i>		
18. <i>443X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Hypertensive Cardio-vascular heart disease</i> DUE TO (B) <i>Cerebro-vascular accident</i> DUE TO (C) <i>Pulmonary edema</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>			19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>December 5, 1953</i> , to <i>Dec. 7, 1953</i> , that I last saw the deceased alive on <i>Dec. 7, 1953</i> , and that death occurred at <i>1 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Emis R. Mason M.D.</i>		23B. ADDRESS <i>4335 Paul Kyte Rd</i>		23C. DATE SIGNED <i>12/7/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec 11 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 9-1953</i>		REGISTRAR'S SIGNATURE <i>H.ington Williams</i>	25. FUNERAL DIRECTOR <i>Paul P. Cheneveth</i> ADDRESS <i>3615 E. 7 Chesnut Ave</i>		

Mr. Mason

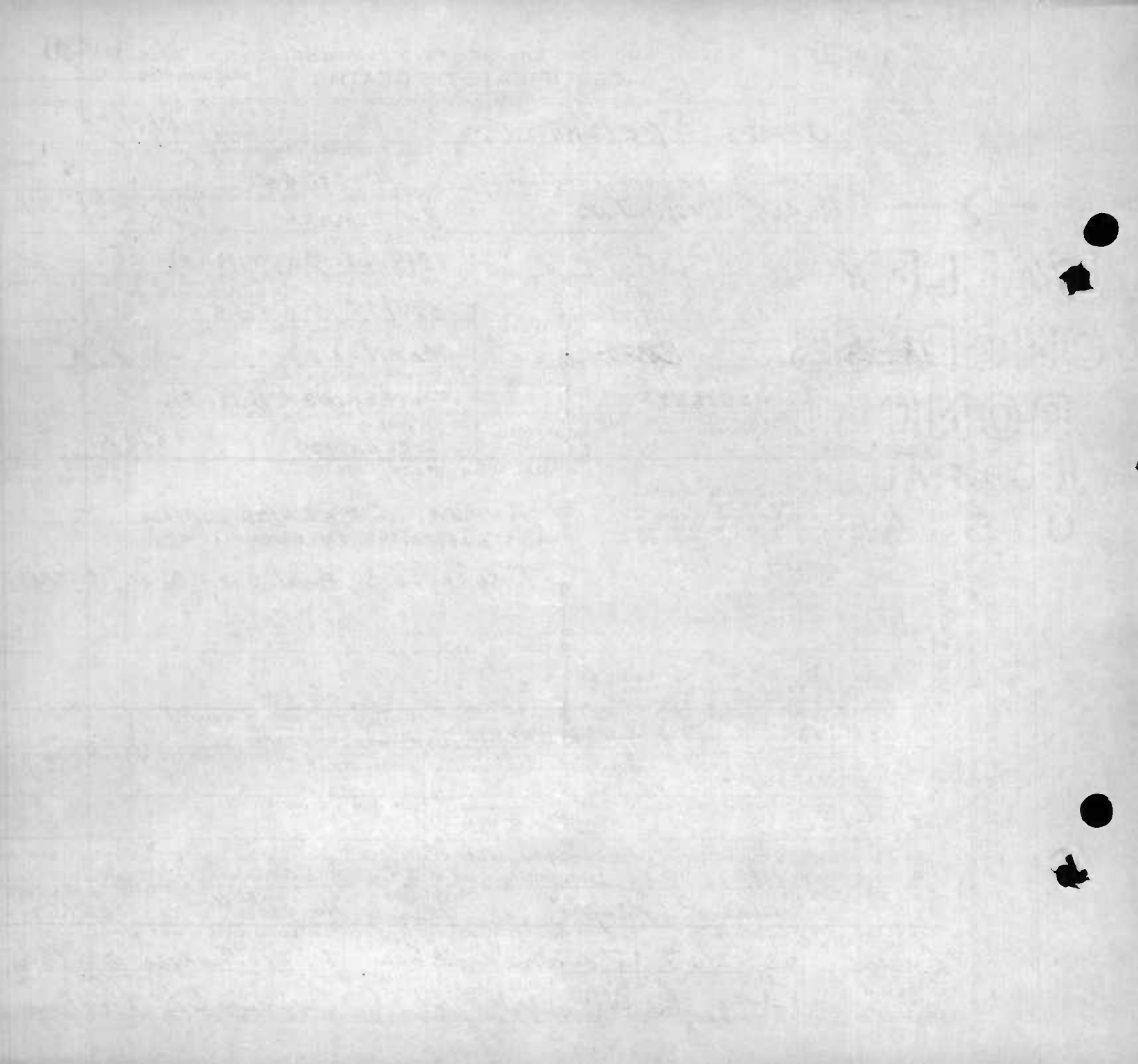
433-V- Park Hygiene

ENTER ON REAR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10830		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10830 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) JAMES SPEIGHTS				2. DATE OF DEATH 12/8/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hosp. Inc.				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 19-04	
c. Length of stay in Baltimore LIFE.				D. STREET ADDRESS (If rural, give location) 1819 W. BALTIMORE ST. - 23	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE.		8. DATE OF BIRTH 5/4/98	9. AGE (In years last birthday) 55 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10B. KIND OF BUSINESS OR INDUSTRY Esposito Co.		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME JAMES L. SPEIGHTS				12. CITIZEN OF WHAT COUNTRY? USA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO				14. MOTHER'S MAIDEN NAME CATHERINE BUTLER	
16. SOCIAL SECURITY NO. 12				17. INFORMANT ADDRESS DECEASED. 1819 W. Baltimore St.	
18. 002X CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) ANOXIA & CARDIAC ARREST DUE TO (POST-OPERATIVE - PNEUMONECTOMY)					
(B) TUBERCULOSIS, PULMONARY, BILAT. ? YEARS? DUE TO					
(C)					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 12/8/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED TB. DESTRUCTION RT. LUNG,		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/7/53 , 19 53 , to 12/8 , 19 53 , that I last saw the deceased alive on 12/8 , 19 53 , and that death occurred at 2:15 p. m., from the causes and on the date stated above.					
23A. SIGNATURE James R. Hooper		23B. ADDRESS Mercy Hospital.		23C. DATE SIGNED 12/8/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/12/53		24C. NAME OF CEMETERY OR CREMATORY London Park Cem.	
24D. LOCATION (City, town, or county) (State) 3801 Frederick Ave.		25. FUNERAL DIRECTOR John J. Cowan & Son		25. ADDRESS Hollins	
DATE RECEIVED BY LOCAL REGISTRAR DEC 9 - 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. ADDRESS Hollins	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Emanuel K. Thalheimer*2. DATE
OF
DEATH*12-7-53*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE *Md.* B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*38 University Hospital*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore 13-01*

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

Temple Garden Apts.

5. SEX

F

6. COLOR OR RACE

*W.*7. SINGLE, MARRIED,
(WIDOWED) DIVORCED (Specify)

8. DATE OF BIRTH

*Sept 29, '74*9. AGE (In years
last birthday)*79*10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY*at home*

11. BIRTHPLACE (State or foreign country)

*Md.*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

Henry Freund

14. MOTHER'S MAIDEN NAME

*Elizabeth Revor*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.*no*

17. INFORMANT

ADDRESS

*Mrs. Julia P. Freund-16 E. Read St.*18. *422.2 I*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Degeneration

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-30-53* to *12-7-53*, that I last saw the
deceased alive on *12-7-53* and that death occurred at *12-40* pm., from the causes and on the date stated above.

23A. SIGNATURE

L.W. Blum, Jr. M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

*12-8-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

12/10/53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*DEC 9-1953*

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

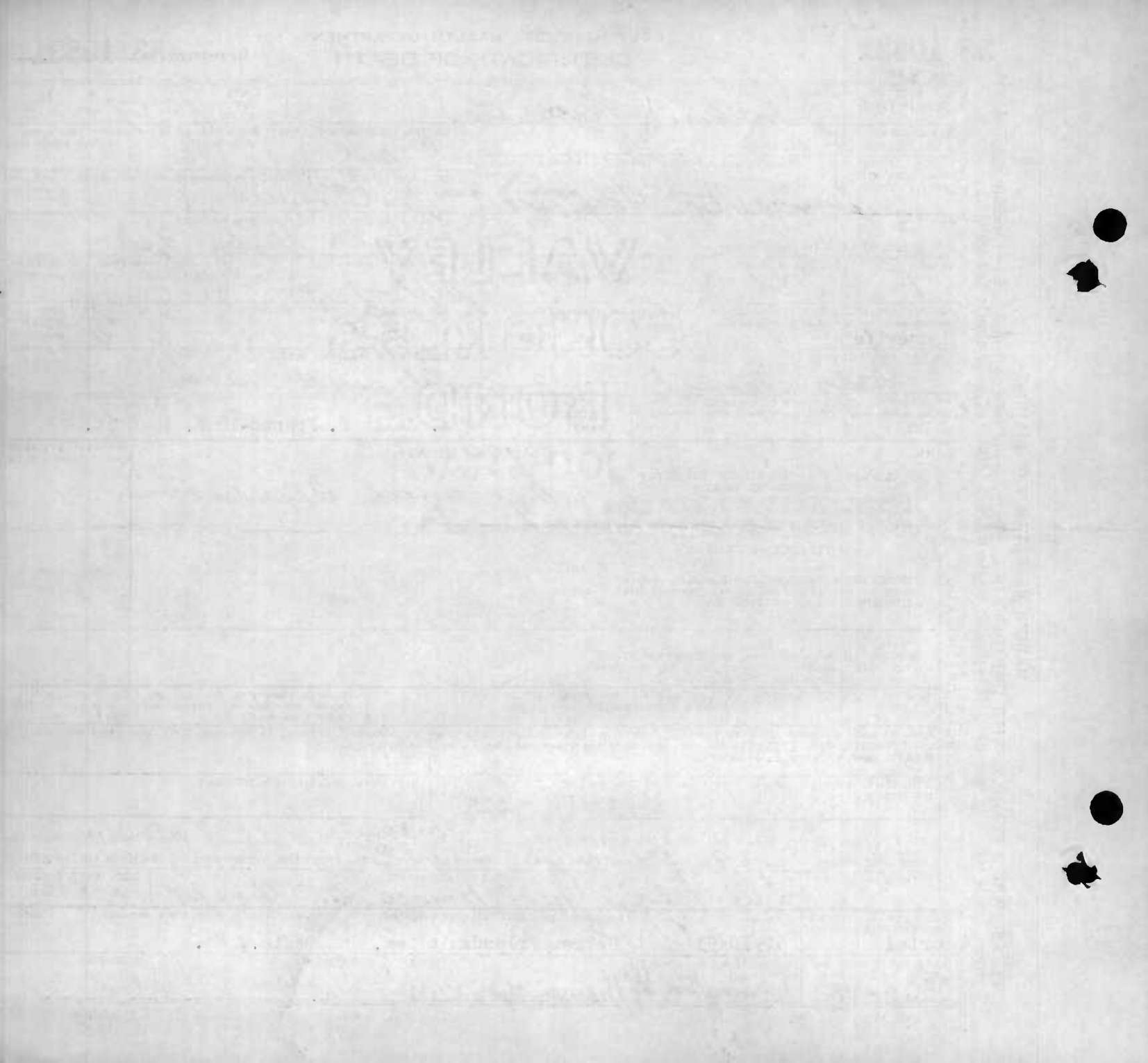
Wm. J. Dickens & Sons

ADDRESS

Balto 17, Md.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. *53 10831**T-456*
10831

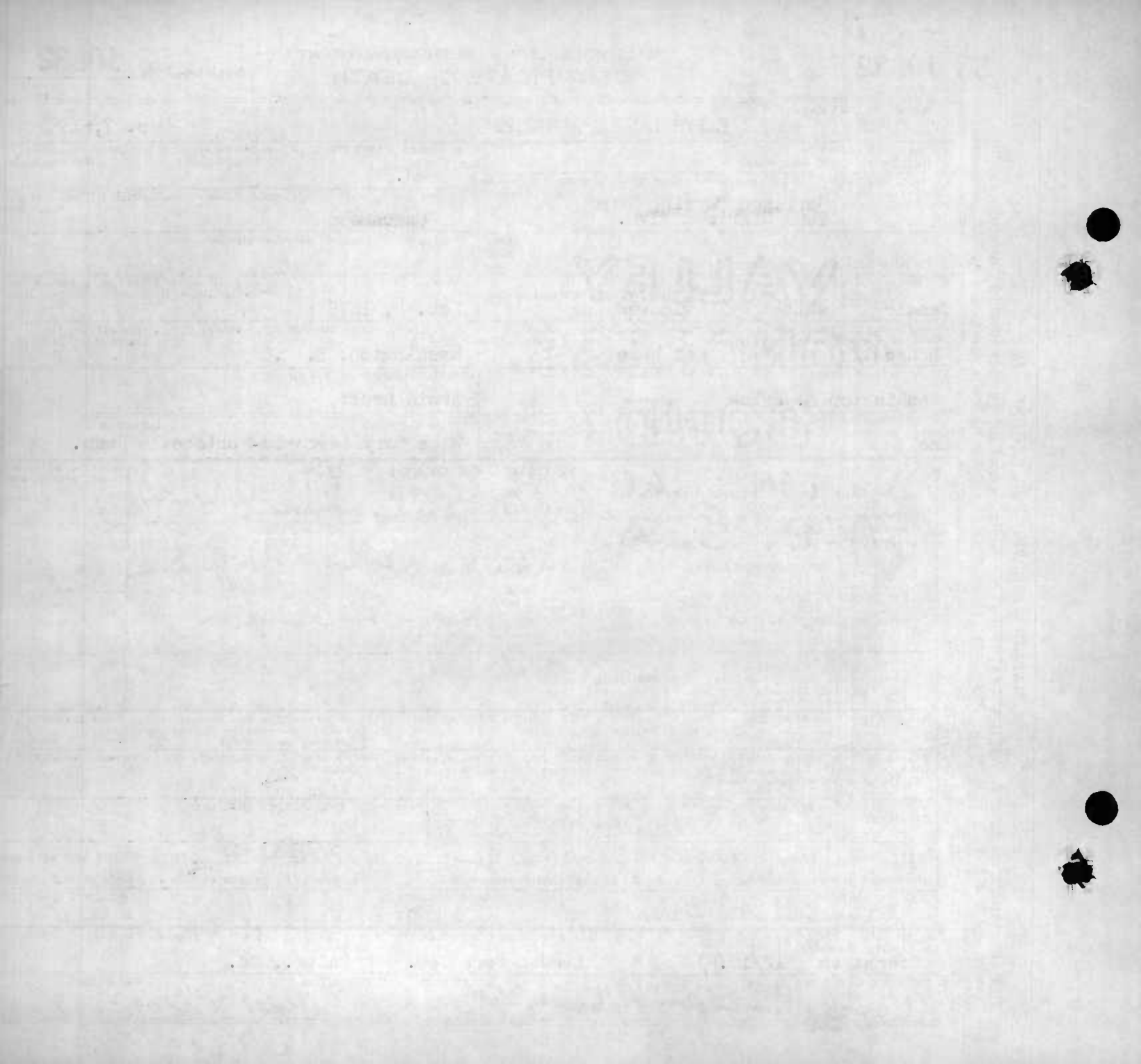


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

BIRTH NO. 53 10832		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10832	
1. NAME OF DECEASED (Type or Print) EDITH LAMBIE LARCOMBE			2. DATE OF DEATH Dec. 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Washington		
B. FULL NAME OF HOSPITAL OR INSTITUTION Garrison Nursing Home 2803 Garrison Blvd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cascade		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 7100		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 4, 1875	9. AGE (In years last birthday) 78	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Washington, D. C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Washington R. Price			14. MOTHER'S MAIDEN NAME Annie Grubb		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Miss Mary Larcombe-Montebello Hosp.		
18. 447X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH A. Mrs. Cardite (diabetes) 2 yrs. B. Arterio-Sclerotic Hypertension 3 yrs. C. Parkinson Disease 1 yr.		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1953 to Dec 7, 1953, that I last saw the deceased alive on Dec 7, 1953 and that death occurred at m., from the causes and on the date stated above.					
23A. SIGNATURE Herbert M. Foster		23B. ADDRESS 284 St. Paul St. M. O.		23C. DATE SIGNED Dec 8-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 12/10/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR VS 150		24H. ADDRESS Balto. 17, Md.		24I. SIGNATURE J. Vickers & Sons	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10833**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**BARBARA SCHENK**2. DATE
OF
DEATH**DEC. 6, 1953.**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **3821 FOSTER AVE.**4. USUAL RESIDENCE (Where deceased lived. If institution, residence
A. STATE **MD.** B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**BALTIMORE**

D. STREET ADDRESS (If rural, give location)

3821 FOSTER AVE.

C. Length of stay in Baltimore

LIFE Yrs.
Mos.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**SINGLE**

8. DATE OF BIRTH

APR. 3, 18769. AGE (in years
last birthday)**77**If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**RETIRED**10B. KIND OF BUSINESS OR
INDUSTRY**B&O R.R. CO.**

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

GEORGE SCHENK

14. MOTHER'S MAIDEN NAME

CRESCENTIA WEINBECK15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**NO**16. SOCIAL
SECURITY NO.**NONE**

17. INFORMANT

THERESA FISHER

ADDRESS

SAME.18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

uremia**Nov 2 - 1953**

DUE TO

arteriosclerosis**1940**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

hypertension**1940**

DUE TO

arteriosclerosis**1940**

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 2**, 19**53**, to **Dec 5**, 19**53**, that I last saw the
deceased alive on **Dec 5**, 19**53**, and that death occurred at **6:30** A.M., from the causes and on the date stated above.

23A. SIGNATURE

Theresa Fisher

M. D.

23B. ADDRESS

3426 South A

23C. DATE SIGNED

Dec 8-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

12-10-53

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM.

24D. LOCATION (City, town, or county) (State)

7401 GERMAN HILL RD. MD.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Charles S. Seiler

ADDRESS

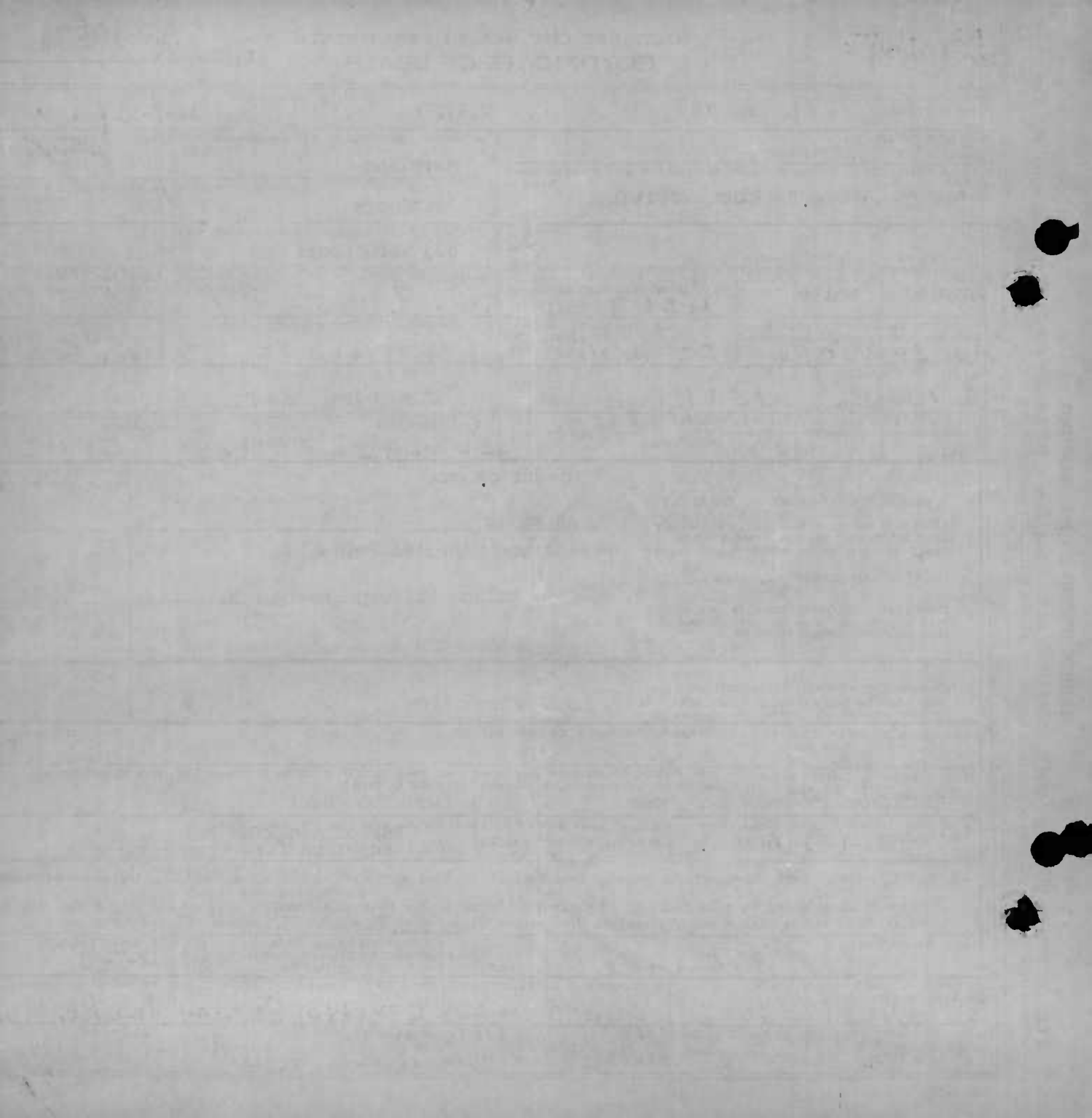
901 S. CONKLING ST.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10834

W-324
53 10834

BIRTH NO.		1. NAME OF DECEASED (Type or Print) M. EVELYN		2. DATE OF DEATH 12-7-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY		10-82	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 803 Webb Court			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 9, 1925	9. AGE (In years last birthday) 27	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY AT HOME.		11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.	
13. FATHER'S NAME DANIEL DIETRICH		14. MOTHER'S MAIDEN NAME BESSIE MILLER		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT ADDRESS EDWARD J. WEITZEL SAME.	
18. E916.0 and 322.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia DUE TO Carbon Monoxide Poisoning		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Second and Third Degree Burns		DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute Alcoholism					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 803 Webb Court 10/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-7-53 6:25 A.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? carbon monoxide poisoning sofa caught on fire from cigarette inspection & inquiry	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 12-7-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-10-53		24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM.	
24D. LOCATION (City, town, or county) (State) 7401 GERMAN HILL RD, MD.		25. FUNERAL DIRECTOR Charles S. Giler		ADDRESS 901 S. CONKLING ST.	

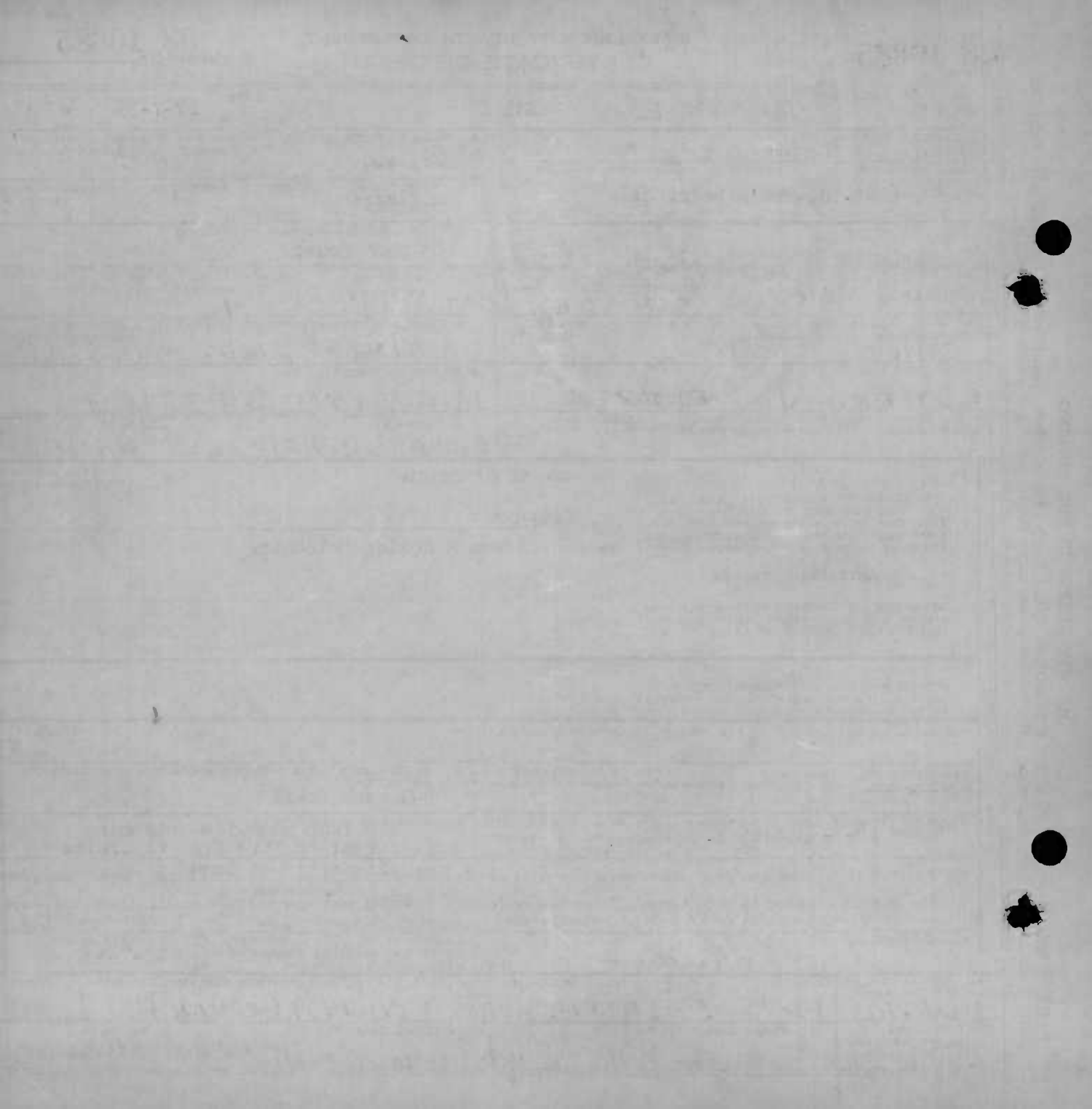


MARGIN RESERVED FOR BINDING

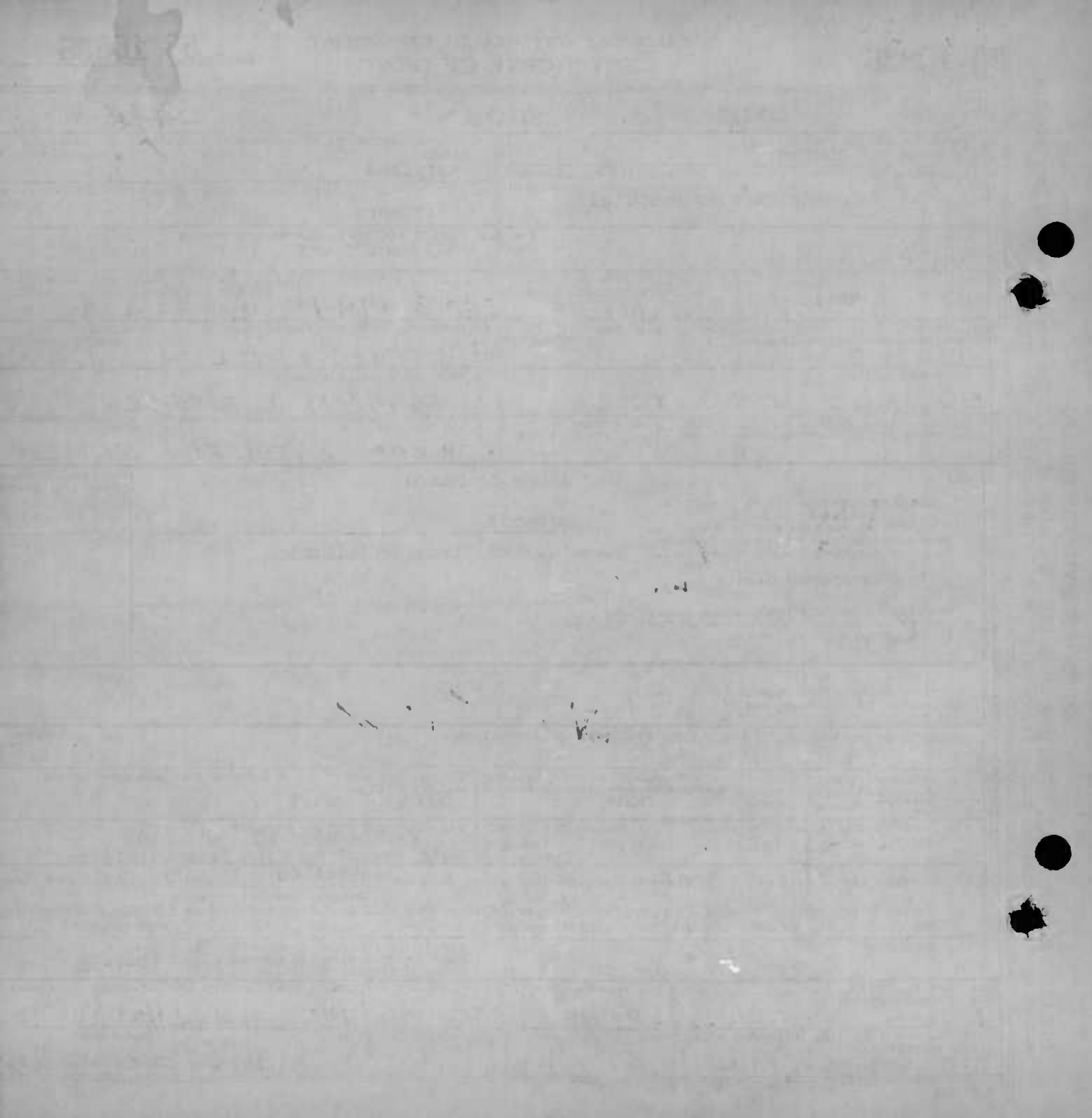
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-324
53 10835BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10835
Registered No.

1. NAME OF DECEASED (Type or Print) DIANE E. WIETZEL		2. DATE OF DEATH 12-7-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 803 Webb Court	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH OCT. 8, 1944
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 9 If Under 1 Year: Months: Days If Under 24 hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME EDWARD J. WEITZEL		14. MOTHER'S MAIDEN NAME M. EVELYN DIETRICH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT EDWARD J. WEITZEL		ADDRESS SAME.	
18. E 916.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Asphyxia DUE TO Carbon Monoxide Poisoning ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 803 Webb Court		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-7-53 6:25 A.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Carbon monoxide poisoning sofa caught on fire from cigarette	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED 12-7-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12-10-53	24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM.	24D. LOCATION (City, town, or county) (State) 7401 GERMAN HILL RD. MD
DATE RECEIVED BY LOCAL REGISTRAR DEC 9 - 1953		25. FUNERAL DIRECTOR Huntington Williams, 901 S. CONKLING ST.	



W-324 53 10836				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10836		
1. NAME OF DECEASED (Type or Print) EDWARD J. WIETZEL				2. DATE OF DEATH 12-7-53				
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) A. STATE Maryland B. COUNTY				
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 803 Webb Court				
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH FEB. 2, 1947	9. AGE (In years last birthday) 6	10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME EDWARD J. WEITZEL				
14. MOTHER'S MAIDEN NAME M. EVELYN DIETRICH				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS EDWARD J. WEITZEL SAME.				
18. E 916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Asphyxia DUE TO Carbon Monoxide Poisoning (B) DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 803 Webb Court 10/2				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-7-53 6:25 A.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? carbon monoxide poisoning sofa caught on fire from cigarette inspection & inquiry				
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
23A. SIGNATURE R. F. Fisher				23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 12-7-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-10-53		24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM.		24D. LOCATION (City, town, or county) (State) 7401 GERMAN HILL RD., MD.		
DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Charles S. Seiler		ADDRESS 901 S. CONKLING ST.		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10837

BIRTH NO. 53 10837

1. NAME OF DECEASED
(Type or Print)

DANIEL

A.

WIETZEL

2. DATE
OF
DEATH

12-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

803 Webb Court

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

APR. 31, 1948

9. AGE (In years last birthday)

5

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHILD

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

EDWARD J. WEITZEL

14. MOTHER'S MAIDEN NAME

M. EVELYN DIETRICH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

EDWARD J. WEITZEL SAME

18. E 916.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia

DUE TO Carbon Monoxide Poisoning

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

803 Webb Court

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

12-7-53 6:25 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

carbon monoxide poisoning
sofa caught on fire from cigarette22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. B. B.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

12-7-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-10-53

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM.

24D. LOCATION (City, town, or county)

7401 GERMAN HILL RD, MD.

DATE RECEIVED BY LOCAL REGISTRAR

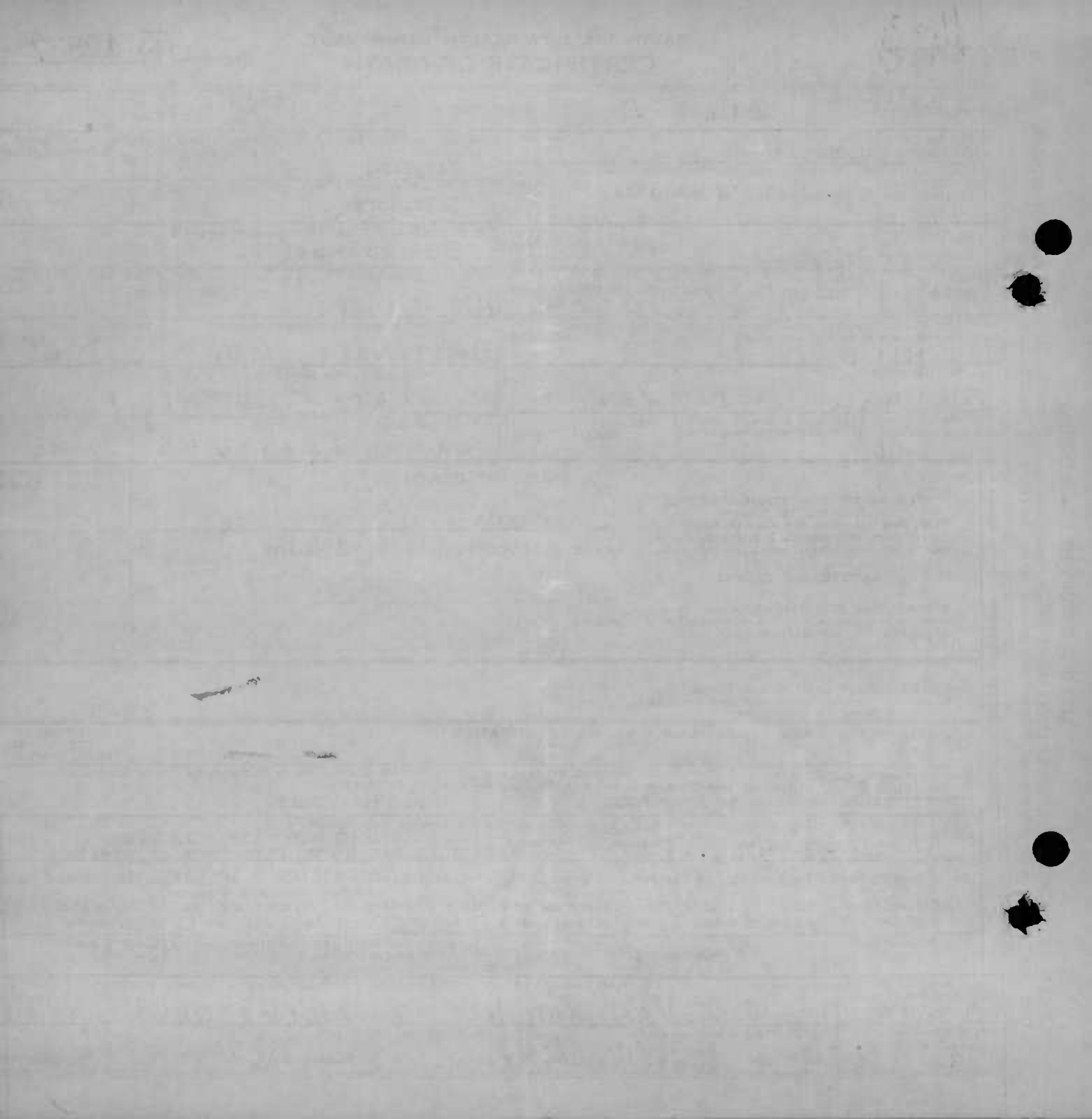
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9 - 1953
Charles S. Zeiler

901 S. CONKLINGS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10838

BIRTH NO. 53 10838 20-09319

1. NAME OF DECEASED (Type or Print) SANDRA M. WIETZEL		2. DATE OF DEATH 12-7-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 803 Webb Court	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAR. 1, 1950
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 3 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME EDWARD J. WEITZEL		14. MOTHER'S MAIDEN NAME M. EVELYN DIETRICH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT EDWARD J. WEITZEL		ADDRESS SAME	

18. **E 916.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Asphyxia**DUE TO **Carbon Monoxide Poisoning**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO _____

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)
home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
803 Webb Court

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **12-7-53 6:25 A.**

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?
carbon monoxide poisoning sofa caught on fire from cigarette

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
12-7-53

24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE

12-10-53

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM.

24D. LOCATION (City, town, or county)

7401 GERMAN HILL RD. MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

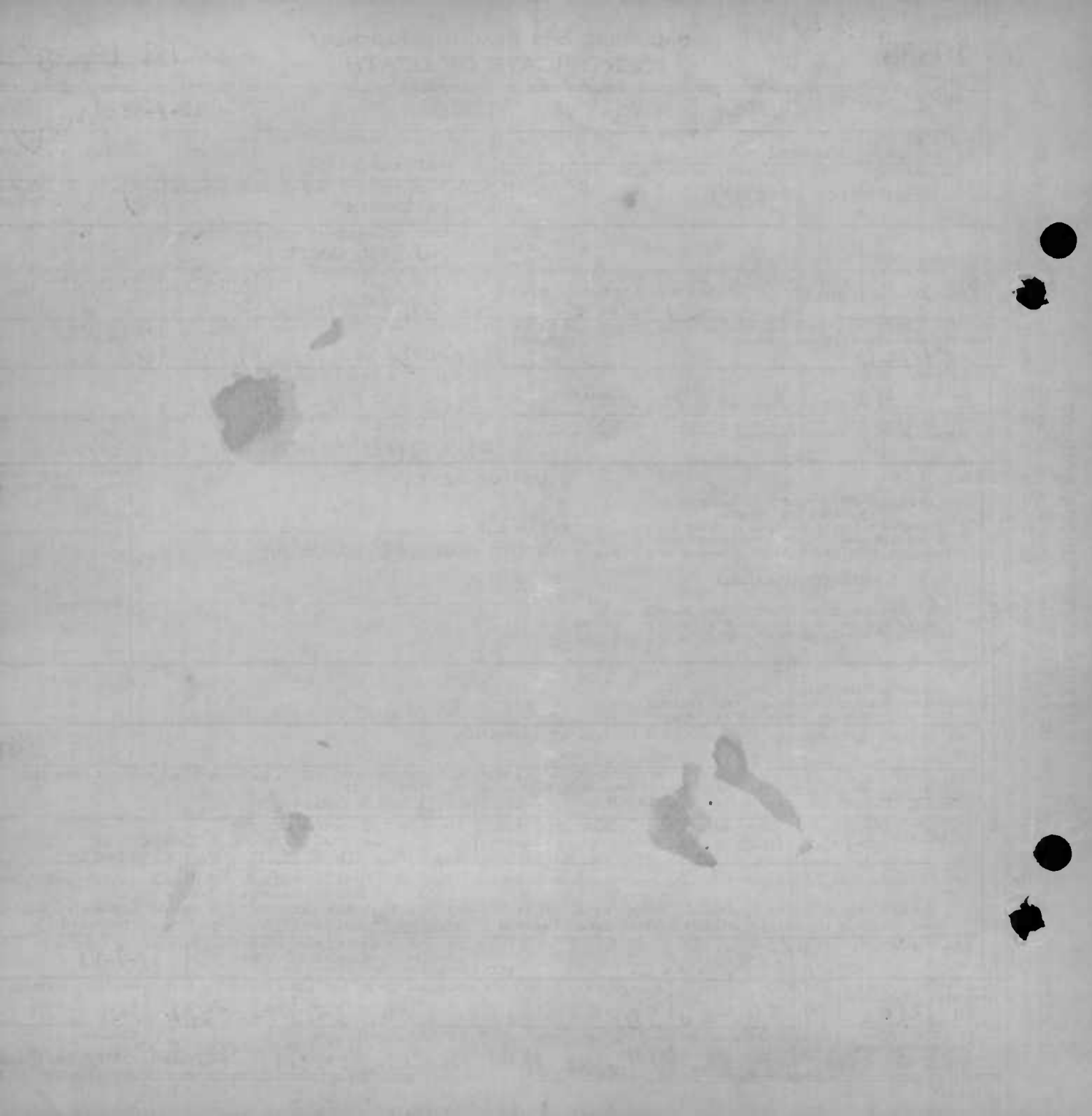
William M. Charles

25. FUNERAL DIRECTOR

Charles S. Seiler

ADDRESS

901 S. CONKLING ST.



K-520

53 10839

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

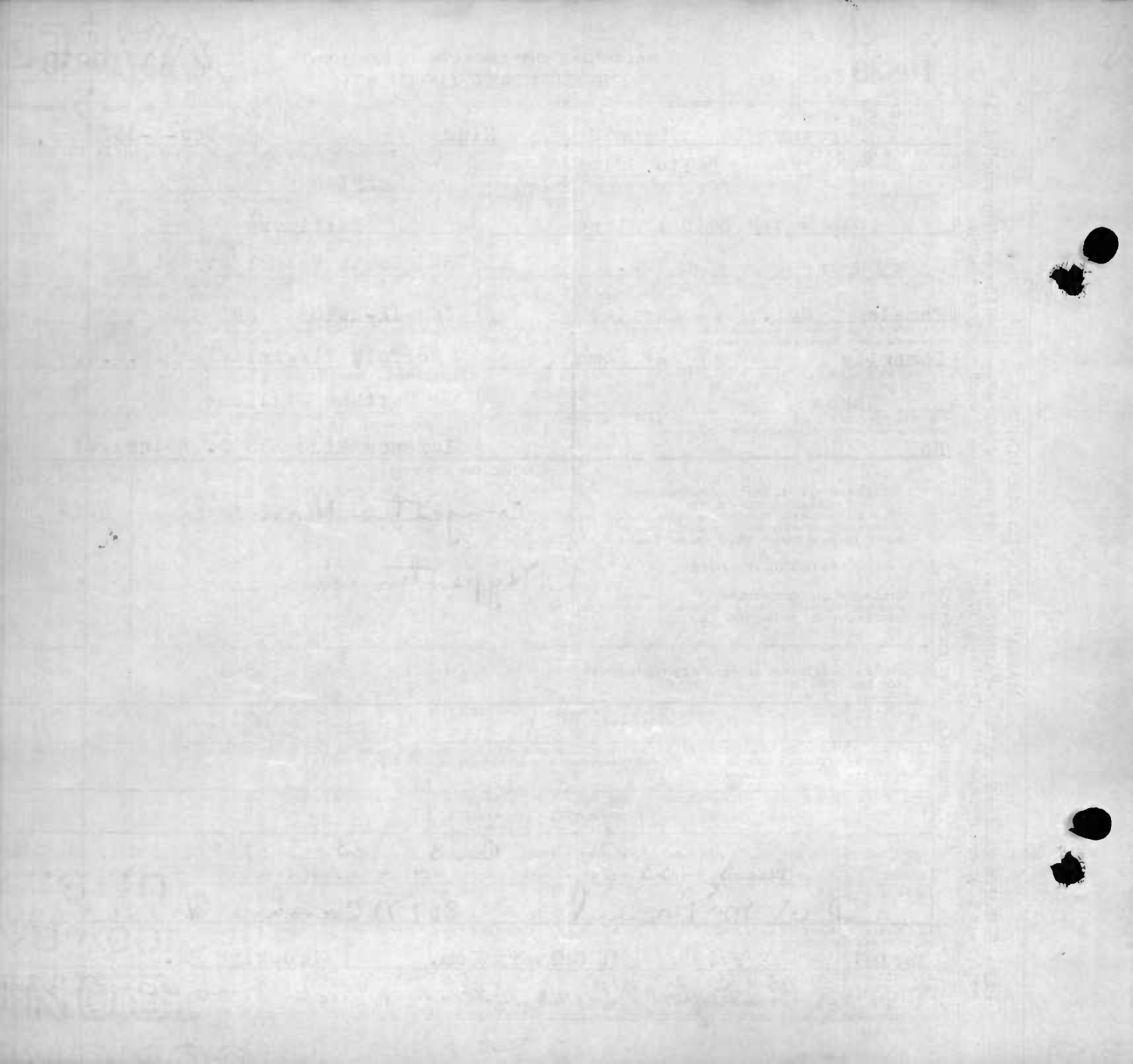
Registered No. 53 10839

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Dorothy Dennis King		2. DATE OF DEATH Dec-4-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 313 South Bethel Street			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
C. Length of stay in Baltimore 30 Yrs.			D. STREET ADDRESS (If rural, give location) 313 South Bethel Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan-12-1915	9. AGE (In years last birthday) 38	10. BIRTHPLACE (State or foreign country) Norfolk Virginia
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10B. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Martha Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Clarence King 313 S. Bethel St		
18. 444X CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)					
(A) congestive heart failure DUE TO					
ANTECEDENT CAUSES					
(B) Hypertension DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 3 , 19 53 to Dec 3 , 19 53 , that I last saw the deceased alive on Dec 3 , 19 53 , and that death occurred at 4:4 m. , from the causes and on the date stated above.					
23A. SIGNATURE R. W. M. Daniel		23B. ADDRESS 807 N. Caroline St		23C. DATE SIGNED 11 8 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/9/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953			
24F. REGISTRAR'S SIGNATURE Huntington Williams		24G. FUNERAL DIRECTOR Henry O. Wilson		24H. ADDRESS 1100 Brantley Rd	

72054



M-220

53 10840

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10840

1. NAME OF DECEASED (Type or Print) STANLEY J. MAKOWSKI			2. DATE OF DEATH 12-6-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE, MD.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 802 S. ANN ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, MD.		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 802 S. ANN ST.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-24-1898		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUYER		10B. KIND OF BUSINESS OR INDUSTRY PRODUCE	11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN			14. MOTHER'S MAIDEN NAME JOANNA PORYMSKA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 217-09-9338	17. INFORMANT ADDRESS LENA MAKOWSKI		

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 8mo
(A) Pneumonia of lung - (H) DUE TO metastases to brain		3 weeks
(B) metastases to brain DUE TO		
(C) metastases to brain DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION May '53		19B. MAJOR FINDINGS OF OPERATION Exploratory - confirmation of diagnosis (non removable)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May , 19 53 , to Dec 6 , 19 53 , that I last saw the deceased alive on Dec 5 , 19 53 , and that death occurred at 9:00 A m., from the causes and on the date stated above.				
23A. SIGNATURE Geo. J. Lefsky		23B. ADDRESS 476 S. Harrison Park Ave.		23C. DATE SIGNED 12/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12-10-53	24C. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEM.	24D. LOCATION (City, town, or county) (State) GERMAN HILL ROAD
DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Raymond L. Kaczorowski

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10841

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida May Colhoun

2. DATE
OF
DEATH

DEC 9-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

206 S. Gilmore St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 18-03

D. STREET ADDRESS (If rural, give location)

117 S. CAREY ST

C. Length of stay in Baltimore

LIFE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MAY 6-1876

9. AGE (In years last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machine Operator (Net) Shift MFG

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ALEXANDER Colhoun

14. MOTHER'S MAIDEN NAME

GEORGIANNA HOLSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mary E. Colhoun 117 S. CAREY ST

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute coronary occlusion

DUE TO

5 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardiovascular disease

6 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1946, to Dec 9, 1953, that I last saw the deceased alive on Nov 15, 1953, and that death occurred at 7:15 AM., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Roemer

M. D.

23B. ADDRESS

206 S. Gilmore St

23C. DATE SIGNED

12-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-11-1953

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE CEM

24D. LOCATION (City, town, or county)

BALTO MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9-1953

H. J. Williams, M.D.

117 S. CAREY ST & B. M. Walters



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-600

53 10842

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10842

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NEW YORK GRAY

2. DATE
OF
DEATH

12-7-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

124 N. POPPLETON

c. Length of stay in Baltimore

31

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5-18-81

9. AGE (In years
last birthday)

72

10. Under 1 Year 11. Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Singer

10B. KIND OF BUSINESS OR
INDUSTRY

Water Front

11. BIRTHPLACE (State or foreign country)

NORTH CAROLINA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

MORNING BATTLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

17. INFORMANT

MARY GRAY

ADDRESS

- SAME

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL VASCULAR ACCIDENT 20 days

DUE TO

ANTECEDENT CAUSES

(B) ARTERIO-SCLEROTIC CARDIO-
DUE TO VASCULAR DISEASE

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1953 to 12-7, 1953 that I last saw the
deceased alive on 12-7-1953, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Singleton

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

12-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/12/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county) (State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. W. W.

25. FUNERAL DIRECTOR

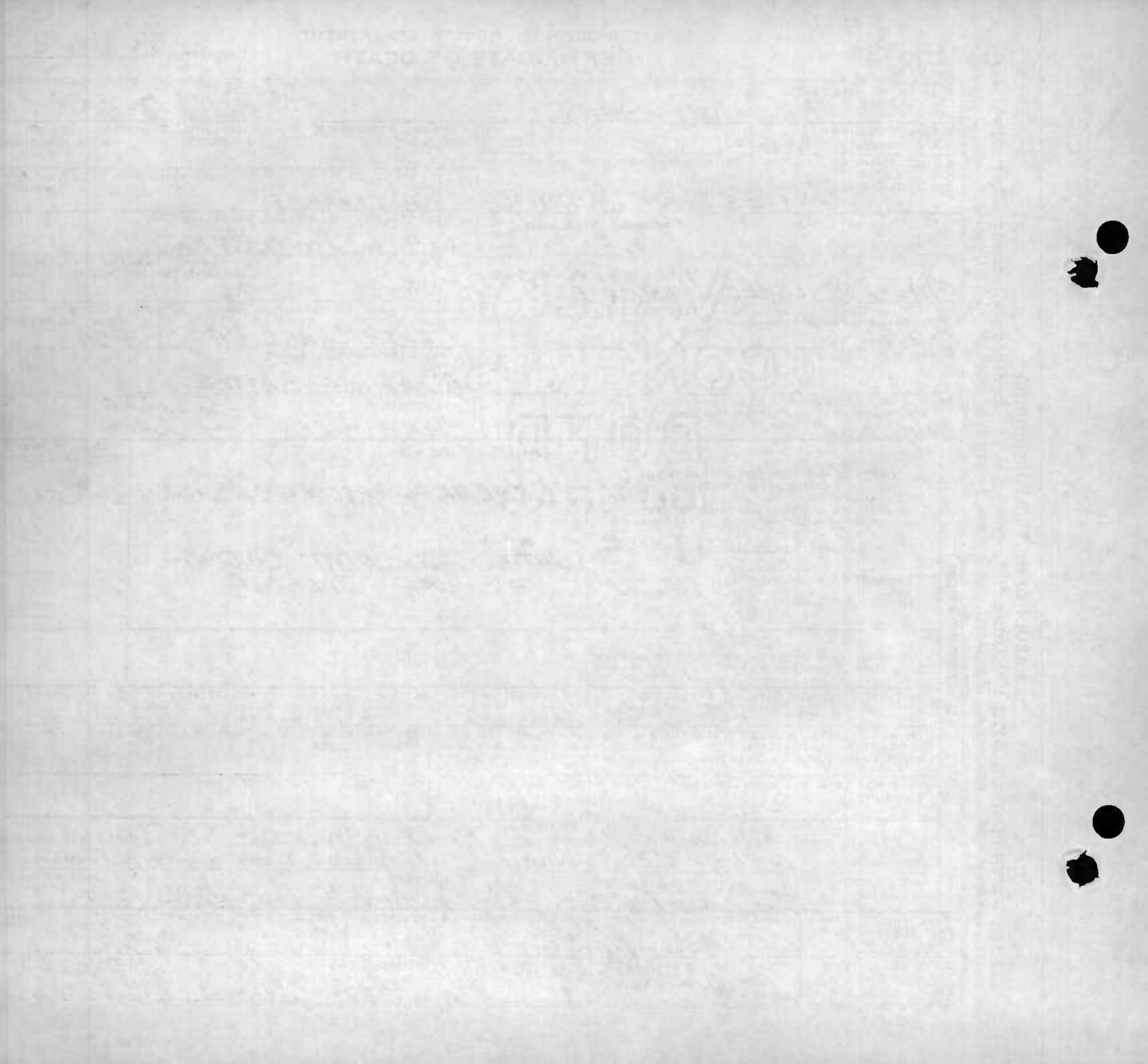
Wm. J. R. Williams

ADDRESS

932

VS 150

94055



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

S-420

10843
BIRTH NO.

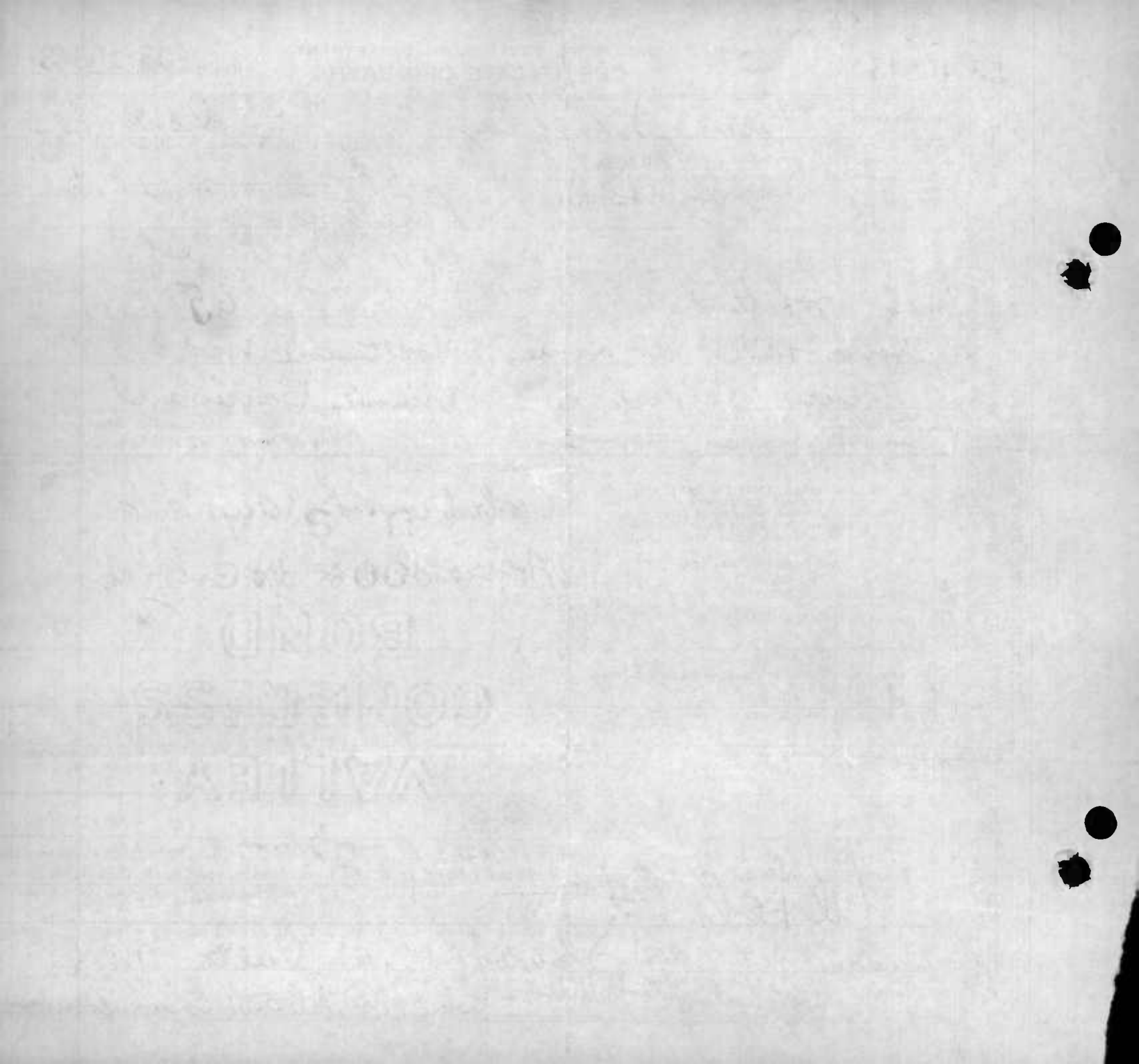
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10843

1. NAME OF DECEASED (Type or Print) <i>Rosina D. Schlag</i>			2. DATE OF DEATH <i>Dec-8-1953</i>		
3. PLACE OF DEATH A. Baltimore City, Maryland <i>Thayer</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>11-02</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>1156 Scott St</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. <i>—</i> Mos. <i>—</i> Days <i>—</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3-29-88</i>	9. AGE (In years, last birthday) <i>65</i>	10. Under 1 Year Months <i>—</i> Days <i>—</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>			12. CITIZEN OF WHAT COUNTRY? <i>—</i>		
13. FATHER'S NAME <i>Henry Weider</i>			14. MOTHER'S MAIDEN NAME <i>Minnie Barrigan</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>—</i>			16. SOCIAL SECURITY NO. <i>—</i>		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS <i>—</i>		

18. <i>331X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebral vascular accident</i>			
DUE TO					
ANTECEDENT CAUSES		(B) <i>Atherosclerosis, generalized.</i>			
DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>—</i>			

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>—</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>—</i>		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec-7-1953</i> to <i>Dec-8-1953</i> that I last saw the deceased alive on <i>Dec-8-1953</i> and that death occurred at <i>11:45 A.M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Ch. Bede</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>—</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 11, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 9-1953</i>		REGISTRAR'S SIGNATURE <i>—</i>		25. FUNERAL DIRECTOR <i>John F. Penfel</i>	
				ADDRESS <i>5311 Edmondson Ave</i>	



53 10844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10844
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Earl I Lentz

2. DATE
OF
DEATH Dec 9 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4402 Belle Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL, and give
Baltimore 28 township)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
4402 Belle Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

June 24 1884

9. AGE (In years
last birthday)

69

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Lentz

14. MOTHER'S MAIDEN NAME

Mary ----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Earl H. Lentz 4402 Belle Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anterior - Septal - Heart

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO with Anterior - fibrillatory - flutter

10 days.

(B) Pleurisy & Pneumonia

14 days.

(C) Generalized Anterior - Septal

5 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Oct. 28, 1953, to Dec. 9, 1953, that I last saw the
deceased alive on Dec. 8, 1953, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chambers

M. D.

23B. ADDRESS

4108 Liberty Hts C

23C. DATE SIGNED

12/9/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Dec 12 1953

Woodlawn

Woodlawn Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9 - 1953

Huntington Williams

Harry R. Chambers

204 Ridgewood Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

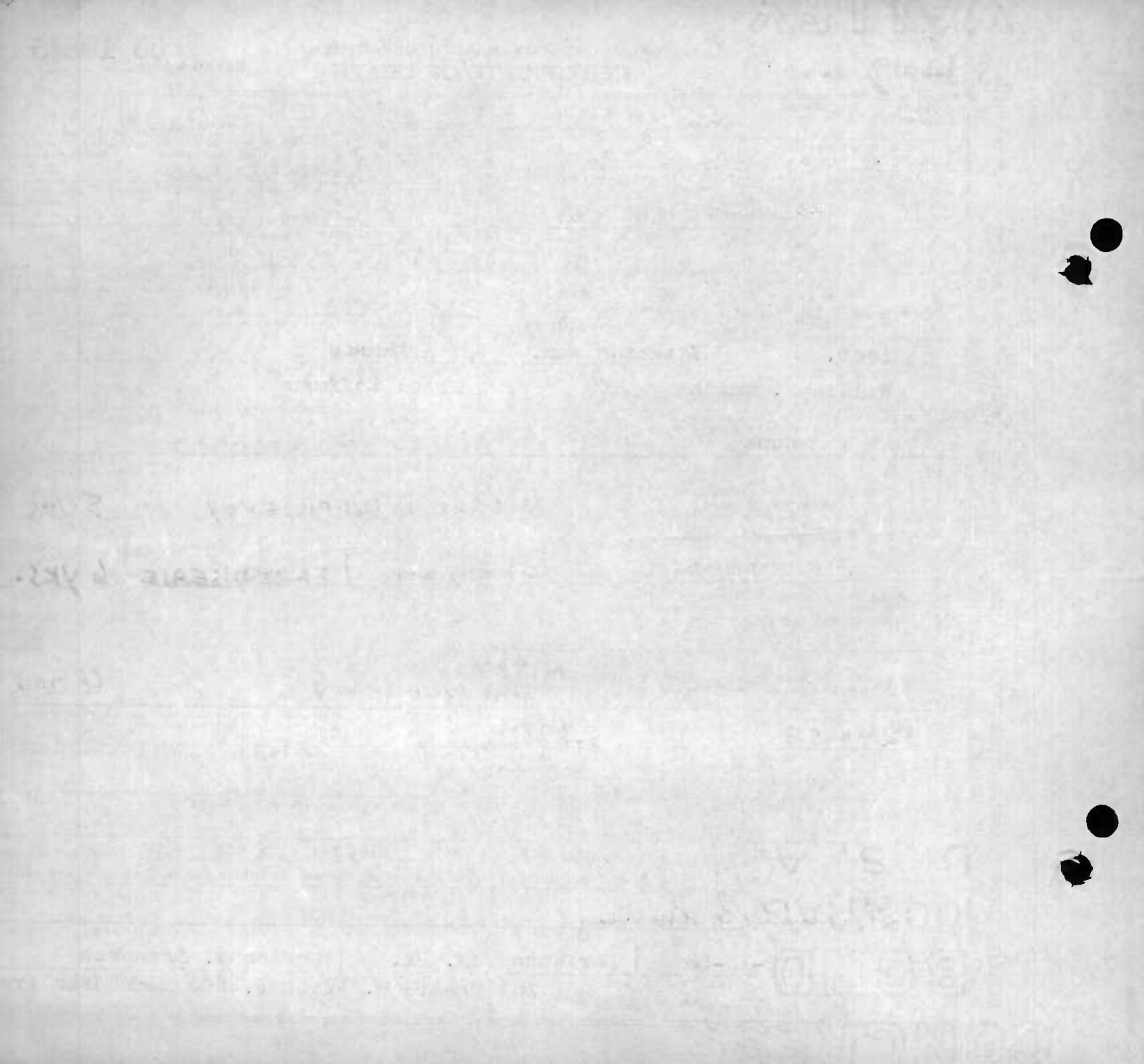
MARGIN RESERVED FOR BINDING

5-530
10845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10845
Registered No.

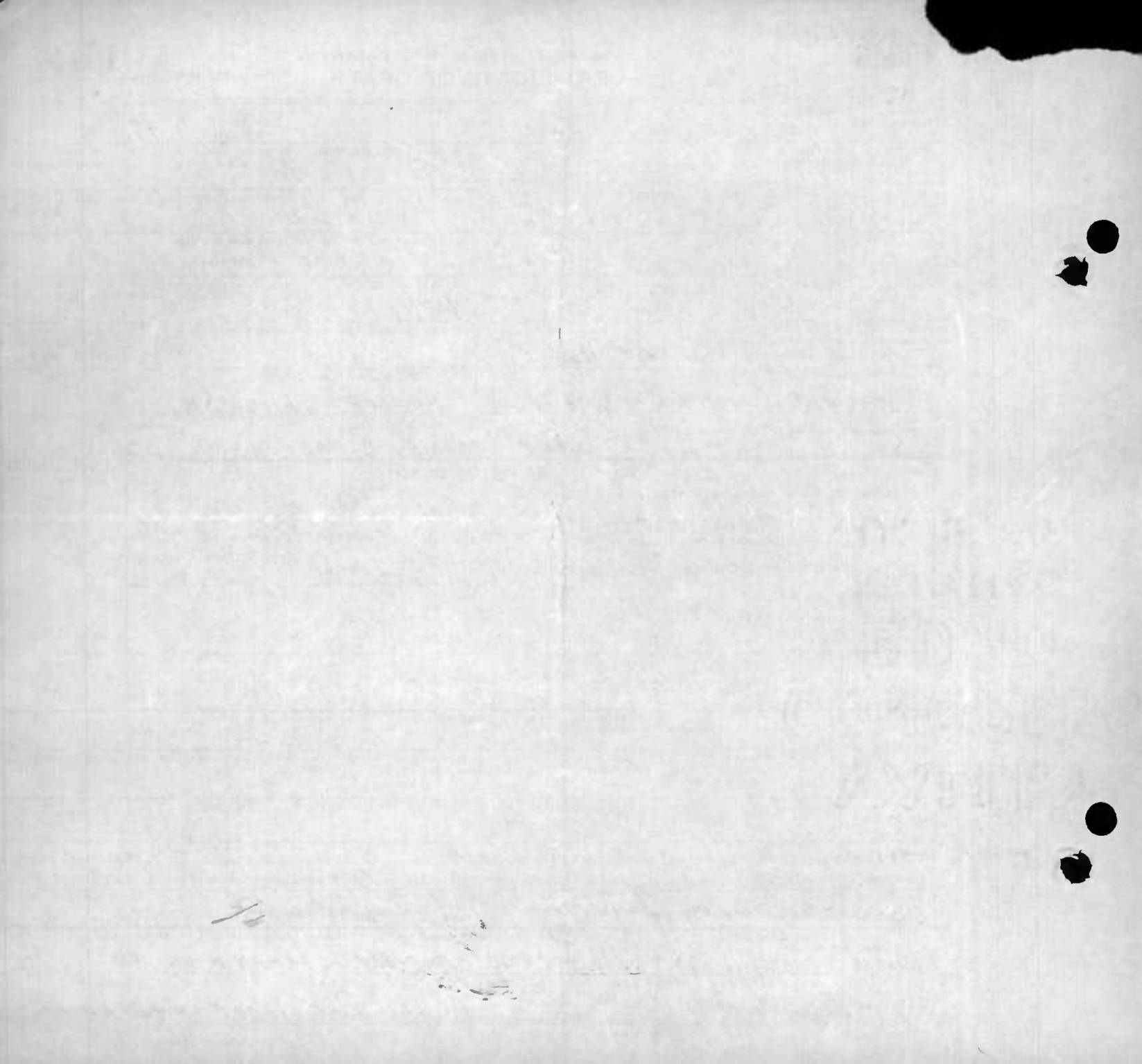
1. NAME OF DECEASED (Type or Print) <i>Mary Helen Smith</i>			2. DATE OF DEATH <i>Dec. 9, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Hal 3</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Arkansas</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Moro</i> <i>V-03</i>		
D. STREET ADDRESS (If rural, give location) <i>P.O. Box 866</i>					
5. SEX <i>Female</i>			6. COLOR OR RACE <i>White</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>			8. DATE OF BIRTH <i>11-2-1931</i>		
9. AGE (In years last birthday) <i>22</i>			10. CITIZEN OF WHAT COUNTRY? <i>Arkansas</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sect.</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Veterans Adm.</i>		
13. FATHER'S NAME <i>Willie E. Smith</i>			14. MOTHER'S MAIDEN NAME <i>Hazel Koffman</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>none</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		
18. <i>410X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>1</i> <i>MITRAL INSUFFICIENCY</i> DUE TO <i>5 YRS.</i> ANTECEDENT CAUSES <i>RHEUMATIC HEART DISEASE</i> DUE TO <i>6 YRS.</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>4 DAYS</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>MITRAL VALVULOTOMY</i>			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>12-4-53</i>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>MITRAL STENOSIS</i>		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>11-9</i> , 19 <i>53</i> , to <i>12-9</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-9</i> , 19 <i>53</i> , and that death occurred at <i>11:21</i> m., from the causes and on the date stated above					
23A. SIGNATURE <i>Frank Cole Spencer</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
23C. DATE SIGNED					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>12-13-53</i>		
24C. NAME OF CEMETERY OR CREMATORY <i>Marianna Mem. Pk.</i>			24D. LOCATION (City, town, or county) (State) <i>Merianna, Arkansas</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 9-1953</i>			REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		
25. FUNERAL DIRECTOR <i>Howard H. Hubbard</i>			ADDRESS <i>2503 Edmondson Ave</i>		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. <u>53 10846</u>	
1. NAME OF DECEASED (Type or Print) <u>BANASZEWSKI, ANNA</u>		2. DATE OF DEATH <u>2-17-53</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Baltimore Gen. Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
D. STREET ADDRESS (If rural, give location) <u>2725 South Brook Rd. 22</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>7/28/1879</u>	9. AGE (In years, last birthday) <u>74</u>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Poland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>MICHAEL ROZANSKI</u>			
14. MOTHER'S MAIDEN NAME <u>ROSIE JANOWSKI</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT ADDRESS <u>JAMES SCHAEFER 4006 6TH STREET</u>			
18. <u>420.0 and 260X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Diabetes Mellitus</u>		CAUSE OF DEATH (A) <u>Encephalopathy due to Cerebral embolism due to auricular fibrillation due to Arteriosclerotic Heart Disease</u> DUE TO (B) <u>Arteriosclerotic Heart Disease</u> DUE TO (C) <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-6</u> , 19 <u>53</u> , to <u>12-7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-7</u> , 19 <u>53</u> , and that death occurred at <u>11:15 P.M.</u> , from the causes and on the date stated above.					
23. SIGNATURE <u>Charles Benoit Jurek</u>		23B. ADDRESS <u>1213 Light St.</u>		23C. DATE SIGNED <u>12-7-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>DEC 11 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>HOLY CROSS CEMETERY</u>	
24D. LOCATION (City, town, or county) (State) <u>GERMAN HILL RD. MD</u>		25. FUNERAL DIRECTOR ADDRESS <u>1011 E. Lombard St</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 9-1953</u>		REGISTRAR'S SIGNATURE <u>Wilmington Williams, Md.</u>			



MARGIN RESERVED FOR BINDING

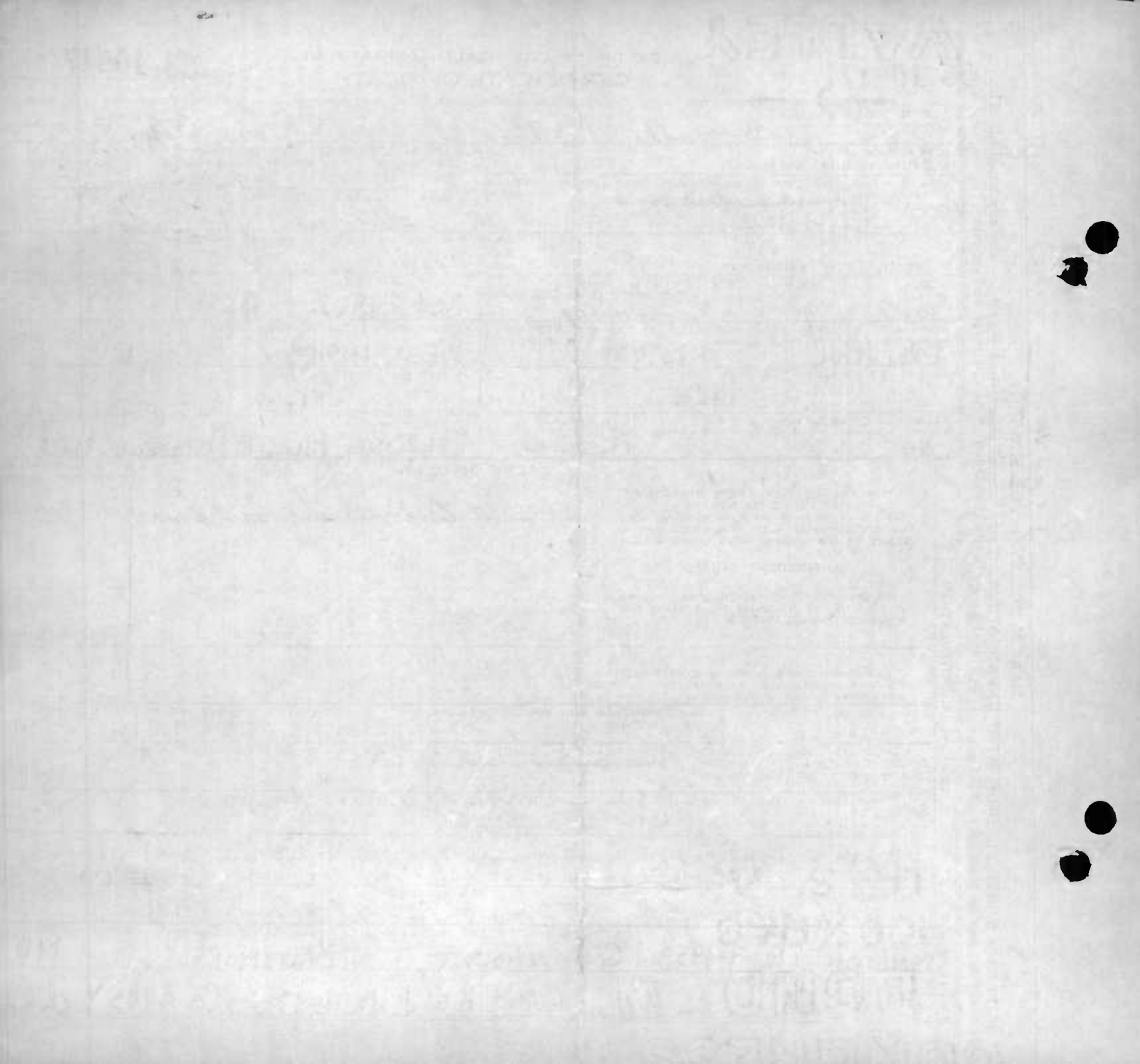
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-400
53 10847

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 10847

1. NAME OF DECEASED (Type or Print) Birchall Pile			2. DATE OF DEATH Dec. 8, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY Baltimore City		
B. FULL NAME OF HOSPITAL OR INSTITUTION Kennelwood Home 2601 Roslyn			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore 15-38		
C. Length of stay in Baltimore 5 yrs			D. STREET ADDRESS (If rural, give location) 2601 Roslyn AVE		
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH NOV 2, 1862		9. AGE (In years last birthday) 91
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXECUTIVE			10B. KIND OF BUSINESS OR INDUSTRY STONE		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME PILE			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. YES	17. INFORMANT ADDRESS STERLING PILE 10 ROCKEFELLER PLAZA N.Y.		
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) antierosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 15 yrs.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION none		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr 1947 , 19__, to 8 Dec , 19 53 , that I last saw the deceased alive on 8 Dec , 19 53 , and that death occurred at 10⁰⁰ P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Paul H. Royce			23B. ADDRESS Pikesville 8 md		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24B. DATE 12-9-1953		24C. NAME OF CEMETERY OR CREMATORY GREENMOUNT	
24D. LOCATION (City, town, or county) BALTIMORE		24E. (State) MD.		25. FUNERAL DIRECTOR ADDRESS H. W. JENKINS & SONS CO. 4905 YORK RD	
DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953		REGISTRAR'S SIGNATURE William M. J.			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-653
10848
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10848

1. NAME OF DECEASED (Type or Print) ANNA REBECCA BRANDT			2. DATE OF DEATH DEC. 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION HOSPITAL FOR WOMEN OF MD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
5. Length of stay in Baltimore 47 Yrs. 75 Mos. Days			D. STREET ADDRESS (If rural, give location) 1103 N. LAKEWOOD AVE.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 30, 1878	9. AGE (In years, last birthday) 75	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME TAYLOR			14. MOTHER'S MAIDEN NAME Alvanta Mc Gee		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS DAUGHTER- LORETTA C WALINA - ABOVE		
18. 4700 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) UREMIA DUE TO NEPHROSCLEROSIS + ARTERIOSCLEROTIC HEART DISEASE DUE TO GENERALIZED ARTERIOSCLEROSIS			INTERVAL BETWEEN ONSET AND DEATH 8 DAYS 5 YEARS UNKNOWN		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ANTERIOR + POSTERIOR COLPOREAPHY			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19A. DATE OF OPERATION NOV. 18, 1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED PROLIDENTIA, COMPLETE		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from NOV. 13 , 1953, to DEC. 9 , 1953, that I last saw the deceased alive on Dec. 8 , 1953, and that death occurred at 1:25 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Ruth M. Allen		23B. ADDRESS HOSP. FOR WOMEN MD.		23C. DATE SIGNED DEC. 8, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/12/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Huntington Williams, Mortuary		ADDRESS M. Cook, Inc., 127 St. Paul St	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-10849
53-29841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10849

BIRTH NO. 53-10849			1. NAME OF DECEASED (Type or Print) Lennie Edward Jarrell, Jr.			2. DATE OF DEATH 12-9-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 9			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			9-09		
D. STREET ADDRESS (If rural, give location) 1516 Holbrook St. #2			5. SEX M			6. COLOR OR RACE W		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S			8. DATE OF BIRTH 12-8-53			9. AGE (In years last birthday) 24		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10B. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (State or foreign country) Maryland		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Lennie Edward Jarrell			14. MOTHER'S MAIDEN NAME Margaret Mary Daniels		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. NONE			17. INFORMANT Mother		
ADDRESS same								

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congenital Atelectasis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. prematurity immaturity		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none		

19A. DATE OF OPERATION 2/10/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-8-53 to 12-9-53 , that I last saw the deceased alive on 12-9-53 , and that death occurred at 2:05 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE R.K. Skipton		23B. ADDRESS Md. Gen. Hosp.		23C. DATE SIGNED 12-9-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/10/53		24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery	
24D. LOCATION (City, town, or county) (State) Anne Arundel Co., Md.		25. FUNERAL DIRECTOR Thurston Williams, St. M. Cook, Inc., 1217 S.B. Paul St.		ADDRESS	

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100-100

MARGIN RESERVED FOR BINDING

PLEASE WRITE INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly & legibly.

5-530 53 10850 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X Registered No. 53 10850	
1. NAME OF DECEASED (Type or Print) GEORGE S. SMITH			2. DATE OF DEATH 12-9-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2115 Holder Ave. Balto. S. Md			E. LENGTH OF STAY IN BALTIMORE 60 yrs		
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb-15-1886	9. AGE (in years last birthday) 67	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY Mail Carrier		
11. BIRTHPLACE (State or foreign country) Ohio Hagerstown			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Thomas Smith			14. MOTHER'S MAIDEN NAME Flora Reynolds		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Russell Jones			ADDRESS 2115 Holder Ave.		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Heart failure ASCVD DUE TO (A) Heart failure ASCVD					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Retention (acute) urinary Toxic psychosis DUE TO (B) Retention (acute) urinary Toxic psychosis (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 12-12-53		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-12-1953 to 12-9-1953 that I last saw the deceased alive on 12-9-1953 and that death occurred at 305 m. from the causes and on the date stated above.					
23A. SIGNATURE T. Atayalua		23B. ADDRESS Md Gen. Hosp. Balto. Md		23C. DATE SIGNED 12-9-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-12-53		24C. NAME OF CEMETERY OR CREMATORY Baust Church	
24D. LOCATION (City, town, or county) (State) Carroll County, Md.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.-1900 Eutaw Place			
DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953		REGISTRAR'S SIGNATURE Huntington Williams			
FUNERAL DIRECTOR'S SIGNATURE John O. Mitchell		ADDRESS 1900 Eutaw Place			

GEORGE B. SMITH

2

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 10851

BIRTH NO. 3

1. NAME OF DECEASED
(Type or Print)

WHITEHURST, M. MORRIS

2. DATE
OF
DEATH

DEC 8/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE MARYLAND B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Franklin Sq. Hospital
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 1201

c. Length of stay in Baltimore

80 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

218 Chancery Road

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH

8-20-1773

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PHYSICIAN

10B. KIND OF BUSINESS OR INDUSTRY

Manufacturer of Drugs-pat. medicine

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

JESSE H. WHITEHURST

14. MOTHER'S MAIDEN NAME

LAVENIA McILVAIN ANNA MAILLVAIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

CAMELIA W. Kreiger - 1513 S. Field RD

18. 420.1

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary disease with

INTERVAL BETWEEN ONSET AND DEATH

10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial infarction

2 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan, 1942, to Dec 8, 1953, that I last saw the deceased alive on Dec 8, 1953, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

W. S. Smith

23B. ADDRESS

3429 Chestnut A

23C. DATE SIGNED

Dec 8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12 - 11 - 53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 9 - 1953

REGISTRAR'S SIGNATURE

Thurston W. Williams

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

ADDRESS

M B Mitchell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1971

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FEDERAL BUREAU OF INVESTIGATION

Form 100-1

Name (Last, First, Middle Initial)		Date of Birth		Sex		Race		Religion		Marital Status		Occupation		Education		Social Security Number		Home Address		Mailing Address		Telephone Number		Other Information	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10852
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

A. K. HAGERTY (Heagerty)

2. DATE OF DEATH
Dec. 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore (rural)

D. STREET ADDRESS (If rural, give location)

6806 Windsor Mill Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 17, 1887

9. AGE (In years last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

veterinarian

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Michael J. Heagerty

14. MOTHER'S MAIDEN NAME

Mary Ellen Dunn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Miss Edith M. Ruppert 6806 Windsor Mill Rd

18. E971.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Strychnine poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

6806 Windsor Mill

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Dec. 8, 1953

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Overdose of strychnine

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

Joseph P. Jackson

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

Dec. 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12 - 11 - 53

24C. NAME OF CEMETERY OR CREMATORY

Mount Olive

24D. LOCATION (City, town, or county) (State)

Old Court & Liberty Roads
Baltimore County, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc.-1900 Eutaw Place

N-976
E-971

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT		CERTIFICATE OF DEATH		Registered No. 53-10853	
1. NAME OF DECEASED (Type or Print) Edith Kellum				2. DATE OF DEATH Dec. 7, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 53 yrs.				D. STREET ADDRESS (If rural, give location) 1612 W. Lafayette Ave.			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH Feb. 20, 1888	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va. Lynchburg		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Beverly Jackson (D^{c.})				14. MOTHER'S MAIDEN NAME Edmonia Hurt (D)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.			
18. 155X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of Gall Bladder c wide Spread Metastasis				CAUSE OF DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-5-53 , 19__, to Dec. 7 , 19 53 that I last saw the deceased alive on Dec. 7 , 19 53 and that death occurred at 4.50 pm from the causes and on the date stated above.							
23A. SIGNATURE H. C. Johnson				23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 12-8-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-10-53		24C. NAME OF CEMETERY OR CREMATORY Unionville		24D. LOCATION (City, town, or county) (State) Unionville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Maurice E. Newman & Sons Eastern Md.			

1-1-1937

Dec. 7, 1936

John. J. ...

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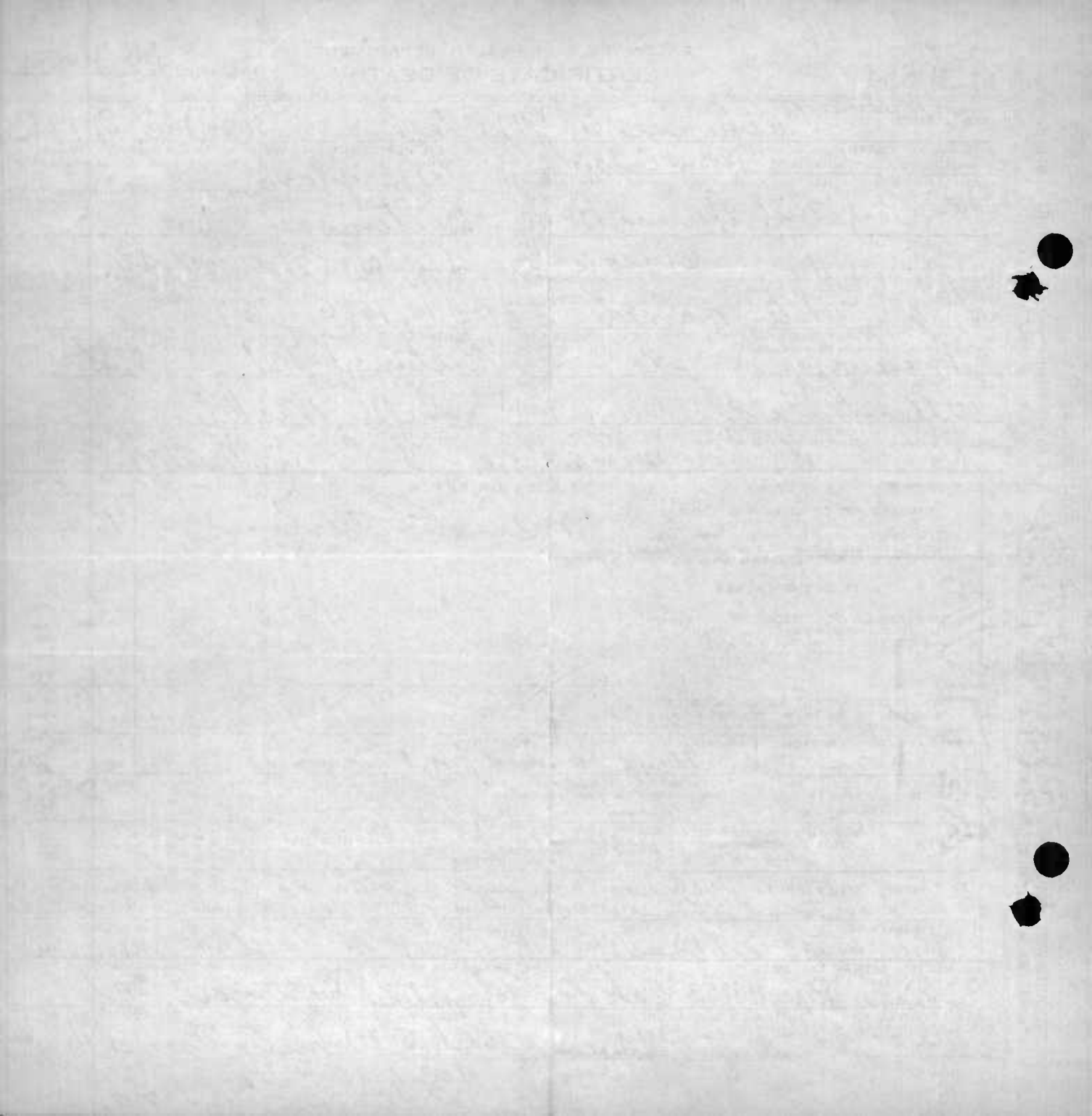
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10854

1. NAME OF DECEASED (Type or Print) <i>Catherine E. Martell</i>		2. DATE OF DEATH <i>Dec. 8, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1802-Eutaw</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Park Hill Nursing Home</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore <i>67 years</i>		D. STREET ADDRESS (If rural, give location) <i>416-S. Macon St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 18, 1886</i>
9. AGE (In years last birthday) <i>67</i>		10. AGE (In years last birthday) <i>67</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZENSHIP <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Geidt</i>		14. MOTHER'S MAIDEN NAME <i>Emelie Michel</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>212-05-5065-B</i>	
17. INFORMANT <i>W. Curing Martell (son)</i>		ADDRESS	
18. <i>190X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) melanotic Sarcoma</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B)</i> DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>(C)</i>			
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION <i>Gland removed for diagnosis</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>none</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan. 1, 1950</i> to <i>Dec. 8, 1953</i> that I last saw the deceased alive on <i>Dec. 8, 1953</i> , and that death occurred at <i>1 P.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>William M. Beck</i>		23B. ADDRESS <i>2818 St Paul St</i>	
23C. DATE SIGNED <i>Dec 8-53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 11, 1953</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Dec 9-1953</i>		REGISTRAR'S SIGNATURE <i>William M. Beck</i>	
25. FUNERAL DIRECTOR <i>Carl B. Woberton Funeral Home, Inc.</i>		ADDRESS <i>403 E. 25th St Baltimore - 18 - Md.</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-263
JL-176982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10855

10855
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Julius William Rickert			2. DATE OF DEATH 12-7-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 20 yrs.			D. STREET ADDRESS (If rural, give location) 3500 A Calloway Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 22, 1867	9. AGE (In years last birthday) 86	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) First Aid Man (rtd)			10B. KIND OF BUSINESS OR INDUSTRY Copper Co.		
11. BIRTHPLACE (State or foreign country) N. Y.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Jacob Rickert			14. MOTHER'S MAIDEN NAME Charlotte Krieger Chrysler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 218-09-4416		
17. INFORMANT B. C. H. Records, \$940 Eastern Ave.			ADDRESS		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-23-53 , 19 to Dec. 7 , 19 53 that I last saw the deceased alive on Dec. 7 , 19 53 , and that death occurred at 7.15 PM , from the causes and on the date stated above.			
23A. SIGNATURE H. C. Johnson		23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 12-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/10/53	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 9 - 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. T. Tinkner & Sons	ADDRESS Balto 17, Md.

VS 150

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5. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A-652
10856
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10856

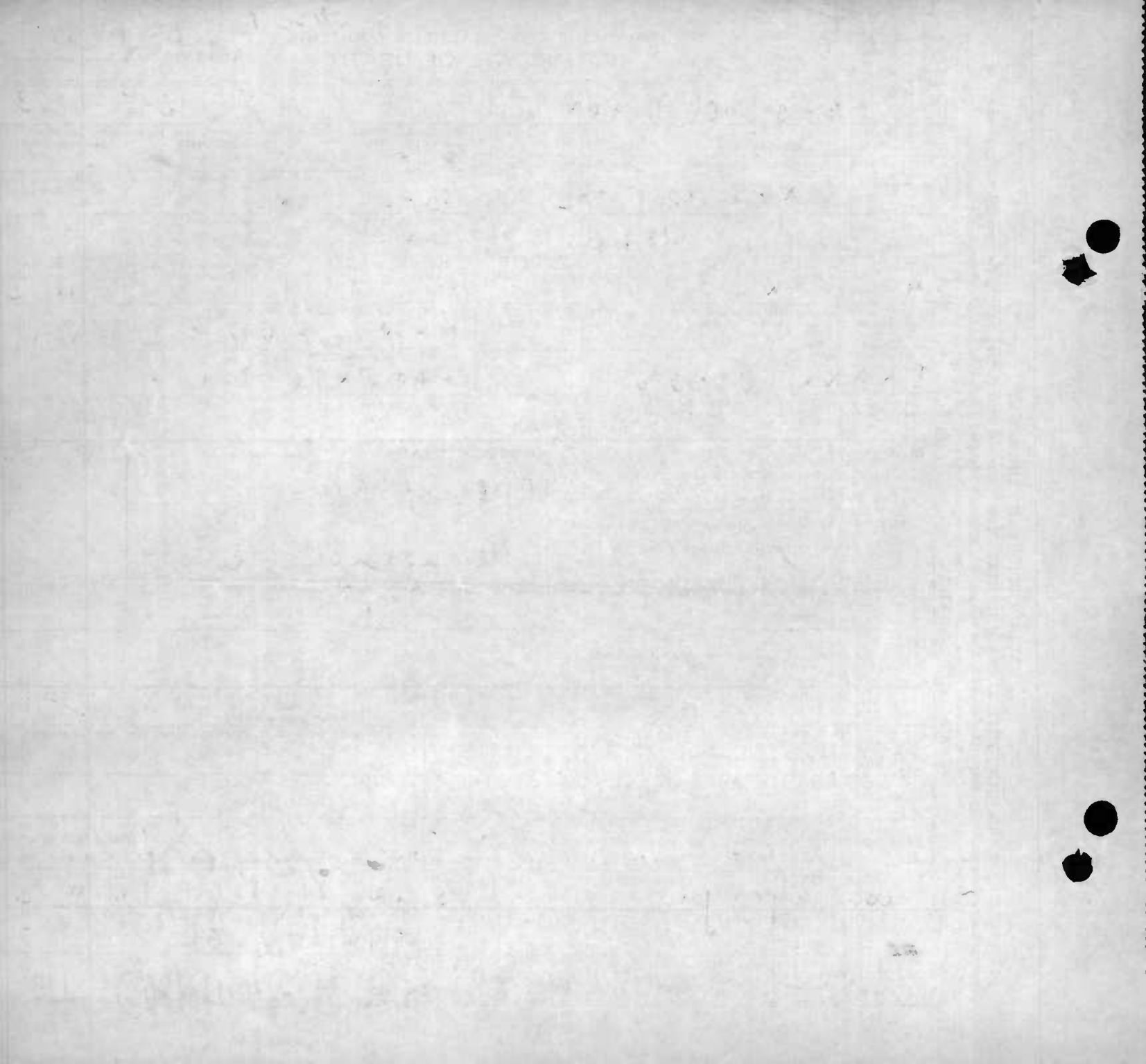
1. NAME OF DECEASED (Type or Print) PAULINE ARMSTRONG			2. DATE OF DEATH Ded. 8, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 317 Martingale Ave.			E. Length of stay in Baltimore 44 yrs.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/12/08	9. AGE (In years last birthday) 45	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife CLERK			10B. KIND OF BUSINESS OR INDUSTRY DEPT. STORE		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Harry Farson			14. MOTHER'S MAIDEN NAME Laura Brookheiser		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Thomas T. Armstrong			ADDRESS 317 Martingale Ave		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS			CAUSE OF DEATH CORONARY THROMBOSIS		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARDIOVASCULAR DISEASE			DUE TO CARDIOVASCULAR DISEASE		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 4 Hrs		
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. TIME (Month) (Day) (Year) (Hour) OF INJURY		21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21E. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/4 to 12/8 , 19 53 , that I last saw the deceased alive on 12/8 , 19 53 , and that death occurred at 1:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Eliot W. Johnson			23B. ADDRESS 3452 Frederick Ave		23C. DATE SIGNED 12/8/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-11-53		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) Balt. Md.		25. FUNERAL DIRECTOR George S. Farley		ADDRESS Catonaville, Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10857		BALTIMORE CITY HEALTH DEPARTMENT		53 10857	
BIRTH NO. 53-31031		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) BABY BOY DIXON			2. DATE OF DEATH 12-5-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 18 hrs.			D. STREET ADDRESS (If rural, give location) 9505 Fuller Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-5-53	9. AGE (In years last birthday)	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME FRANK DIXON			14. MOTHER'S MAIDEN NAME KATHIRYN PARKA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
18. 750X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH A. Anencephalus B. Meningocele C. DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-5-53, 1953, to 12-5-53, 1953, that I last saw the deceased alive on 12-5-53, 1953, and that death occurred at 8:20 m., from the causes and on the date stated above.					
23A. SIGNATURE Leon Cyrlyn		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 12-5-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)		24F. LOCATION (State)	
DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.	



M-520

53 10858

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10858

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLY MANCE

2. DATE
OF
DEATH

11/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONMERCY HOSP. INC.
CALVERT & SAKATOGA ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 4-02

37
Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

716 SARAH ANN ST.

5. SEX

M

6. COLOR OR RACE

COL

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8/1904

9. AGE (In years,
last birthday)

49

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

SOUTH CAROLINA

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

SONNY MANCE

14. MOTHER'S MAIDEN NAME

MAGGIE DONSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 026X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) CEREBRO-VASCULAR ACCIDENT 3 years
DUE TO MENINGO-VASCULAR
SYPHILIS.

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13, 1953 to 11/27, 1953 that I last saw the
deceased alive on 11/27, 1953 and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

George Henry Beck

M. O.

23B. ADDRESS

Mercy Hosp. Inc.

23C. DATE SIGNED

11/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL DEC. 7, 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 9-1953

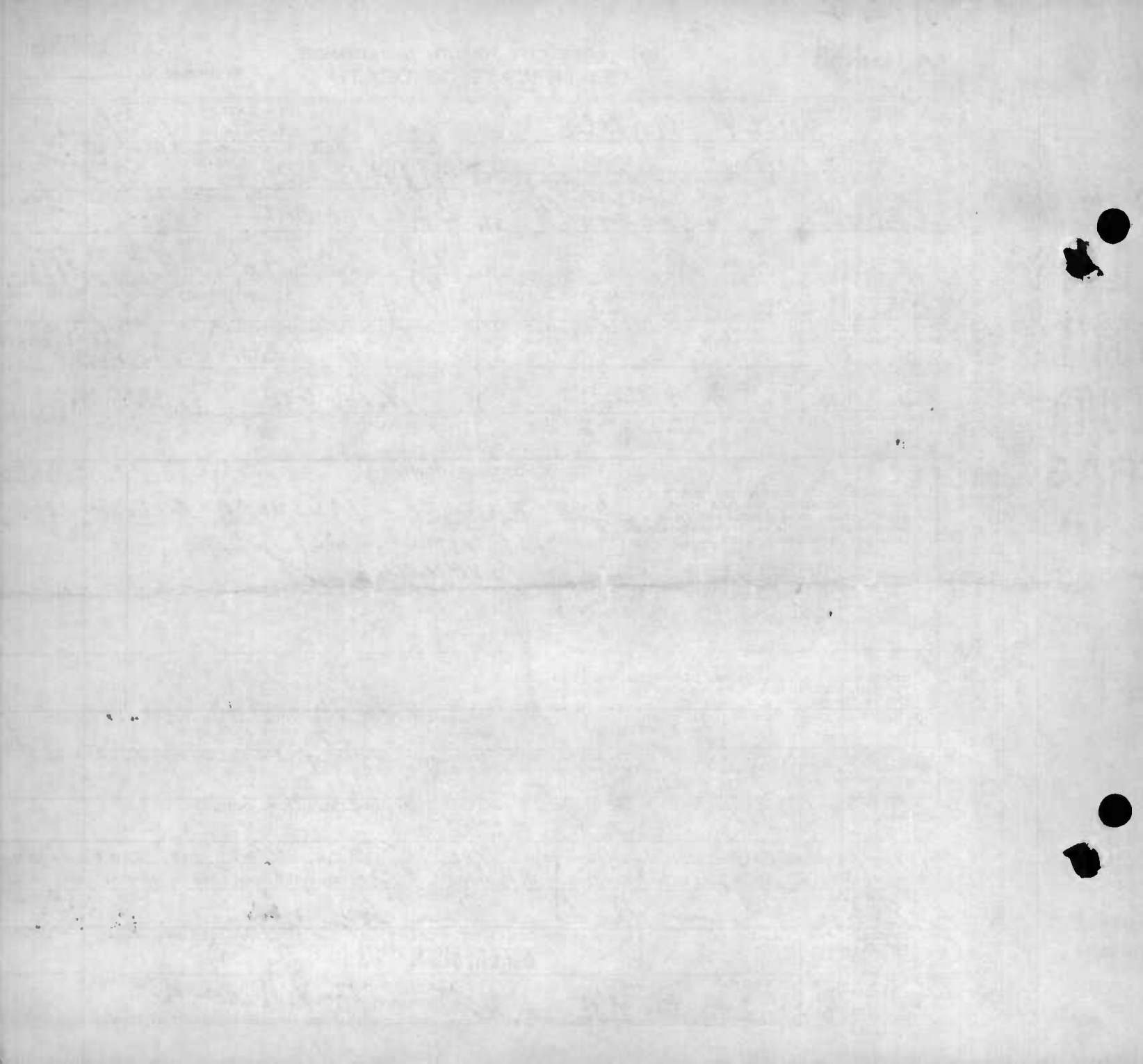
Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-200

53 10859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10859

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR HAISE

2. DATE
OF
DEATH

11/26/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

MERCY HOSP. INC.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 4-01

D. STREET ADDRESS (If rural, give location)

730 E. PRATT ST.

37
c. Length of stay in Baltimore

?
Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

6/8/80

9. AGE (In years
last birthday)

73

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

REPAIRS CASH REGISTER

10B. KIND OF BUSINESS OR
INDUSTRY

CASH REGISTER

11. BIRTHPLACE (State or foreign country)

OHIO

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

HENRY HAISE

14. MOTHER'S MAIDEN NAME

CORA CLARK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) CONGESTIVE HEART FAILURE
DUE TO ASCVD.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19, 1953 to 11/26, 1953, that I last saw the
deceased alive on 11/26, 1953, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

George Henry Beck M.D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

11/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 9-1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

UNIVERSITY MEDICAL SCHOOL DEC 7, 1953

DEPUTY REGISTRAR

ADDRESS

Huntington Williams, M.D.

VS 150

5513K

MARGIN RESERVED FOR BINDING

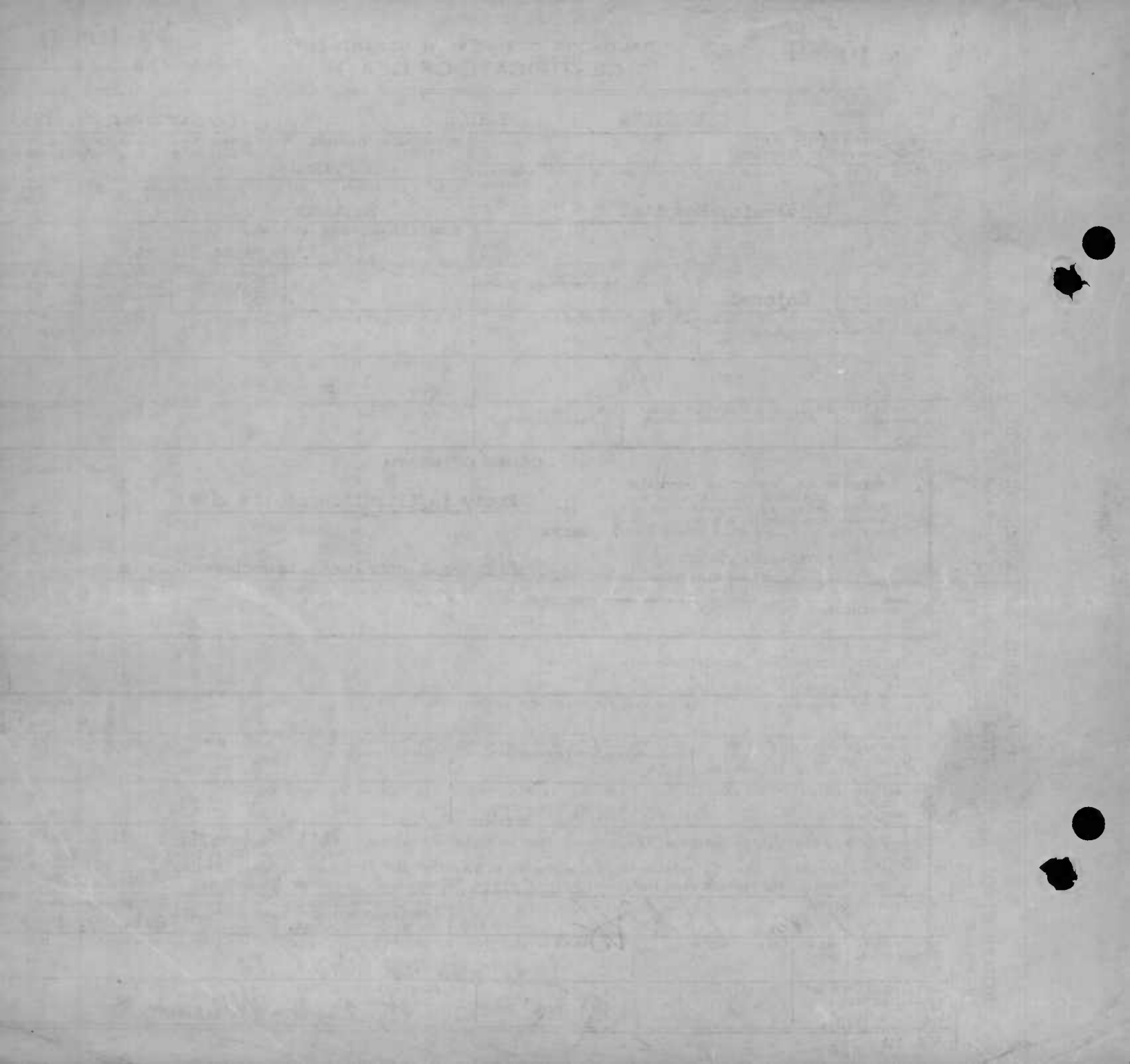
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-460
53 10880

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10860
Registered No.

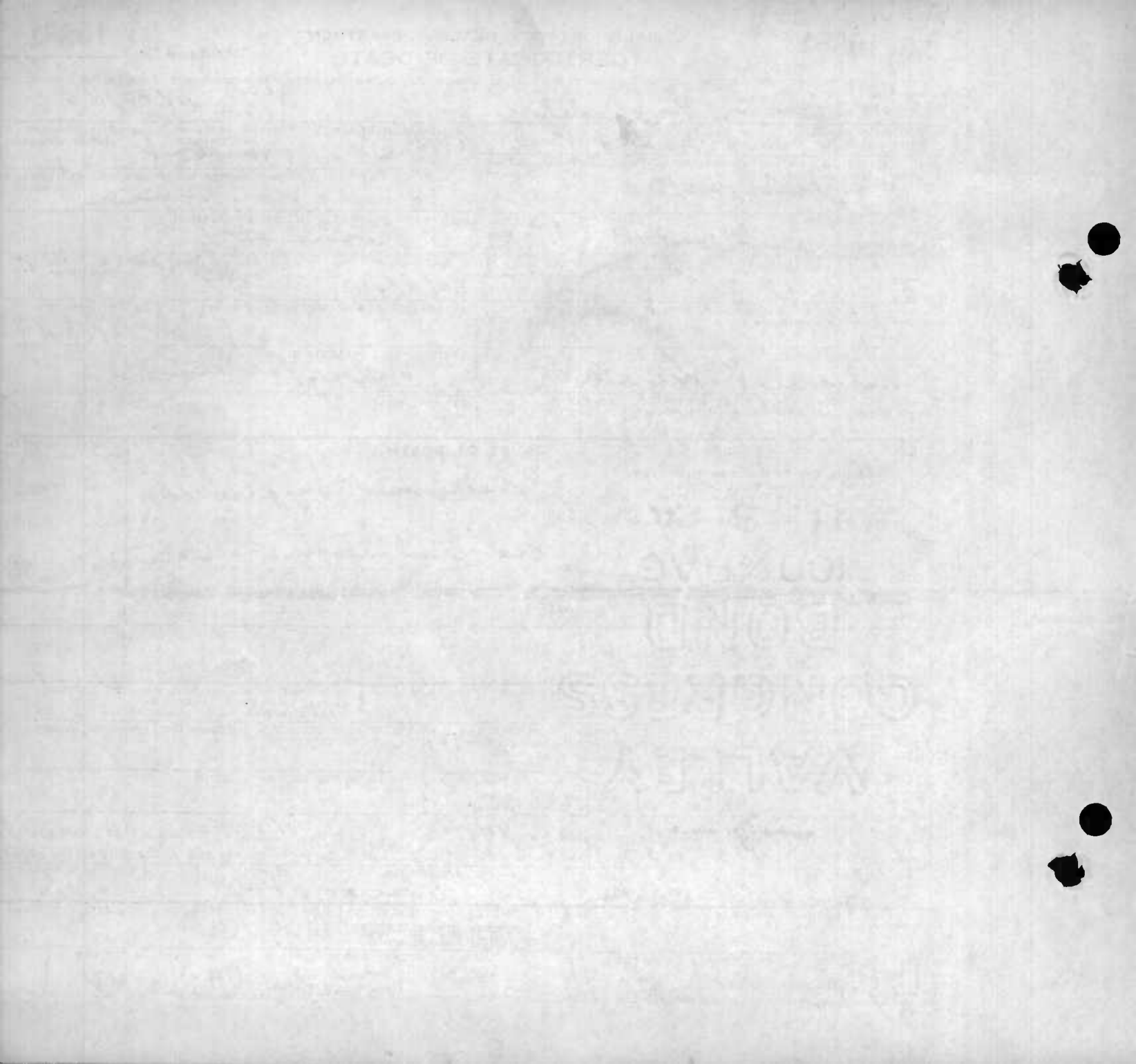
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) GEORGIANA TAYLOR		2. DATE OF DEATH October 28, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1427 W. Fayette Street
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		8. DATE OF BIRTH 35
10B. KIND OF BUSINESS OR INDUSTRY K		9. AGE (In years last birthday) 35
11. BIRTHPLACE (State or foreign country) U		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME N		14. MOTHER'S MAIDEN NAME K
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. N
17. INFORMANT		ADDRESS
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty infiltration of the liver ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bilateral confluent bronchopneumonia OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William J. Spence</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....
23C. DATE SIGNED Oct. 29, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS



MARGIN RESERVED FOR BINDING

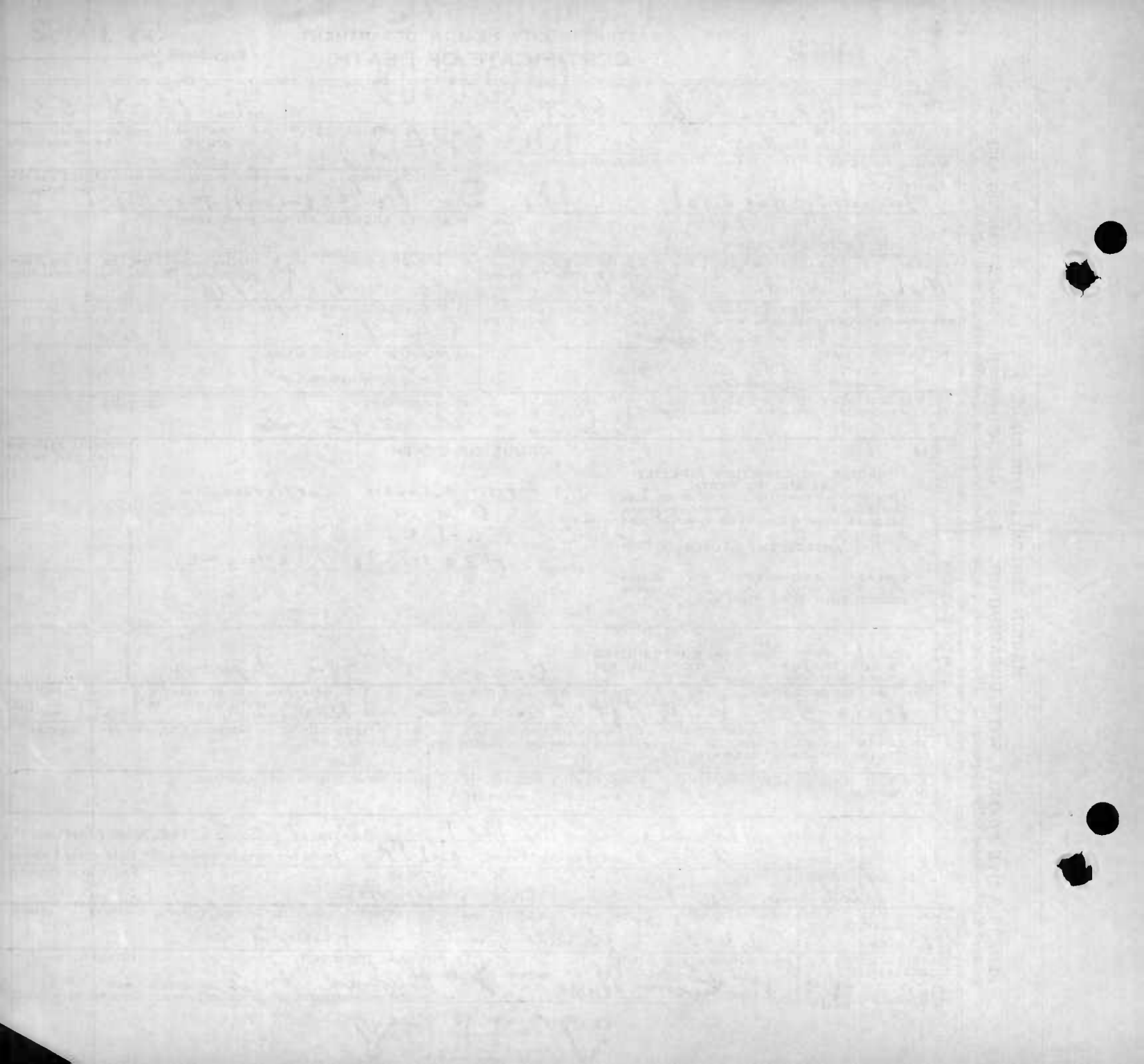
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-653 53 10861		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X 53 10861 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Anna Meredith</i>		2. DATE OF DEATH <i>11/30/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Harford</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Univ. Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Harford</i>			
38 C. Length of stay in Baltimore <i>md</i> <i>13</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Route #1</i> <i>6200</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH <i>12/14/15</i>	9. AGE (In years last birthday) <i>37</i>	H Under 1 Year Months: Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Edward Meredith</i>		14. MOTHER'S MAIDEN NAME <i>Mary Thomas</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
18. <i>445X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Malignant hypertension</i> DUE TO (B) <i>adrenalectomy - bilateral</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i> <i>6 mos</i>	
19A. DATE OF OPERATION <i>11/30/53</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11/8/53</i> , 19 <i>53</i> , to <i>11/30/53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>11/30</i> , 19 <i>53</i> and that death occurred at <i>1:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Howard Raskin</i>		23B. ADDRESS <i>Univ. Hosp</i>		23C. DATE SIGNED <i>12/1/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <i>UNIVERSITY MEDICAL SCHOOL</i> <i>DEC. 4. 1953</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 9-1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 10862		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10862 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>George D. Stater</i>			2. DATE OF DEATH <i>12-8-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Harrell</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Westminister B D 6</i>		
D. STREET ADDRESS (If rural, give location) <i>5600</i>					
5. SEX <i>Male</i>			6. COLOR OR RACE <i>White</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>			8. DATE OF BIRTH <i>July 5 1877</i>		
9. AGE (In years last birthday) <i>76</i>			10. Under 1 Year Months: Days Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labour on Farm</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Canoll Co</i>			12. CITIZEN OF WHAT COUNTRY? <i>MD</i>		
13. FATHER'S NAME <i>George Stater</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>None</i>		
17. INFORMANT <i>Walter Records</i>			ADDRESS		
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Arteriosclerotic Cardiovascular Disease</i> DUE TO (B) <i>Senility</i> <i>A20 techia - corrected</i> DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Benign Prostatic Hypertrophy</i>					
19A. DATE OF OPERATION <i>10-30-53</i>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>BPH - E acute urinary retention</i>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>12-1</i> 19 <i>53</i> to <i>12-8</i> 19 <i>53</i> that I last saw the deceased alive on <i>12-8</i> 19 <i>53</i> , and that death occurred at <i>12 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William A. Tyson</i>			23B. ADDRESS <i>Univ. Hosp.</i>		23C. DATE SIGNED <i>12-9-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 11-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Knicker Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Canoll Co</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 9-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>W. B. Burkhead</i>	
				ADDRESS <i>San Westminster, Md.</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10863
1. NAME OF DECEASED (Type or Print) William Armstrong		2. DATE OF DEATH Nov. 27, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____ C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12 D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave. Balto., City Hospital
5. SEX Male 6. COLOR OR RACE Negro 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Mar. 1881 9. AGE (In years last birthday) 72 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME William Armstrong		14. MOTHER'S MAIDEN NAME Emma
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____ 17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)
18. 491X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Bronchopneumonia DUE TO _____ (B) _____ DUE TO _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH 9 days
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED _____	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from 12-19, 1941 , to 11-27, 1953 that I last saw the deceased alive on 11-27, 1953 , and that death occurred at 10:06am. , from the causes and on the date stated above.		
23A. SIGNATURE H. J. Williams, M.D.	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 11-27-53
24A. BURIAL, CREMATION, REMOVAL (Specify) _____	24B. DATE _____	24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL DEC 8, 1953 24D. LOCATION (City, town, or county) (State) _____
DATE RECEIVED BY LOCAL REGISTRAR DEC 9-1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D.

VS 150

H/07-6596

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-630

53 10864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10864
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Francis Sidney Hayward

2. DATE
OF
DEATH

12/8/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

508 Harwood Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-48

D. STREET ADDRESS (If rural, give location)

508 Harwood Avenue

c. Length of stay in Baltimore

60 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Feb. 26, 1867

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Surveyor Port of Balto.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Harford County, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas B. Hayward

14. MOTHER'S MAIDEN NAME

Helen M. Bussey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. F. S. Hayward 508 Harwood Avenue

18.

422.2 1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH(A) *Cardiac asthma*
DUE TO

3 wks

ANTECEDENT CAUSES

(B) *Chronic myocarditis*
DUE TO

10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1943, to Dec. 8, 1953, that I last saw the
deceased alive on Dec. 8, 1953, and that death occurred at 4 P. m., from the causes and on the date stated above

23A. SIGNATURE

A. M. Bacon

23B. ADDRESS

M. O.

2810 Taylor Ave.

23C. DATE SIGNED

12/9/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

12/10/53

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's

24D. LOCATION (City, town, or county)

Govans

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 9-1953

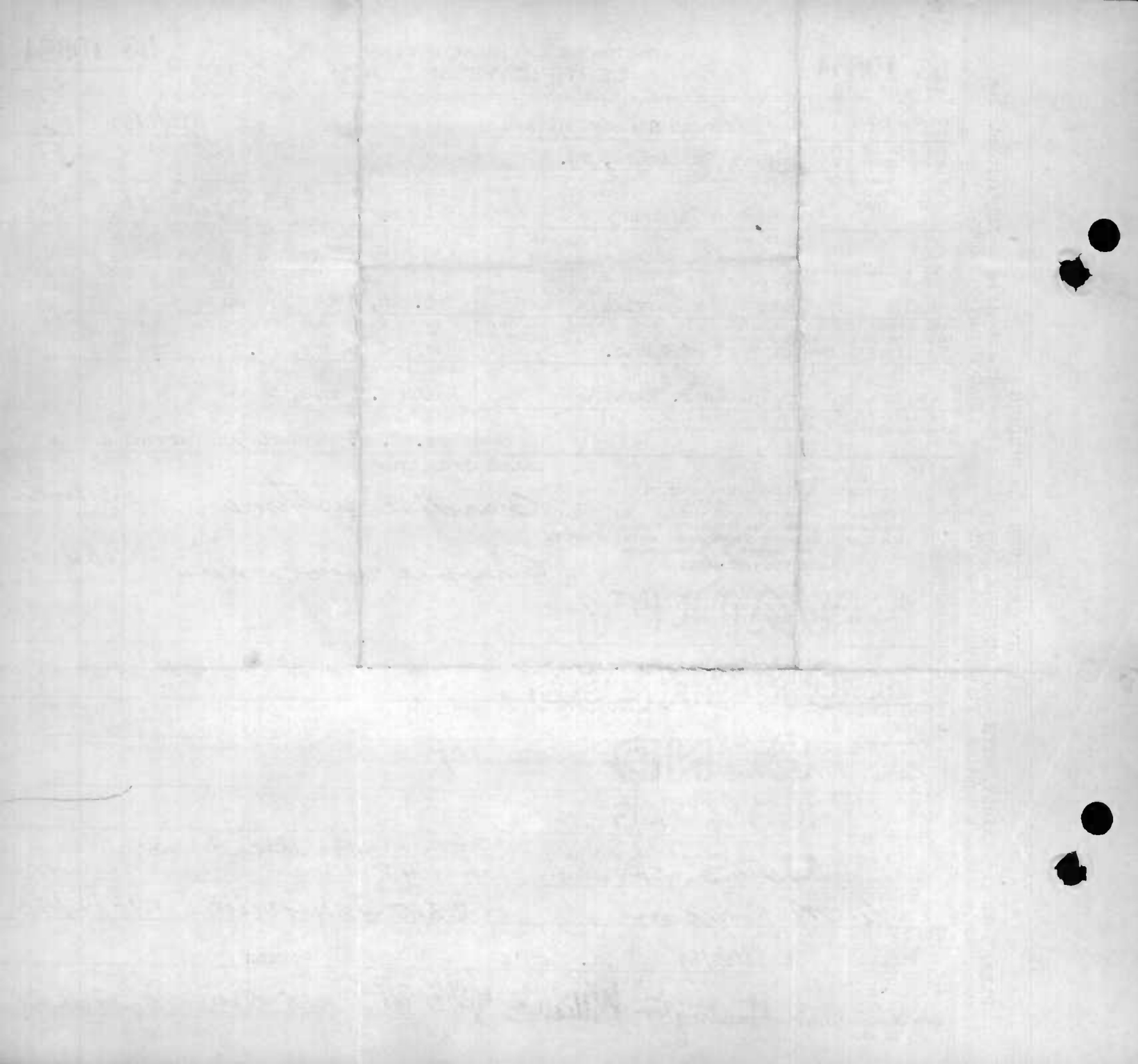
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. W. Meeks & Son 805 N. Calvert St.

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 237
99801 89BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10865

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katie Louise Estep

2. DATE
OF
DEATH

12/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4 N. Abington Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4 N. Abington Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

Yrs.
Mos.
Days

8. DATE OF BIRTH

Sept. 6, 1870

9. AGE (In years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carl Schulte

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James Z. Estep 4 N. Abington Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

1 day

ANTECEDENT CAUSES

(B)

Hypertensive Cardiovascular Disease

DUE TO

years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Rheumatoid Arthritis

10 weeks

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1953, to Dec. 7, 1953, that I last saw the deceased alive on Dec. 7, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Kenneth Jaffe

M. D.

23B. ADDRESS

301 W. Baltimore St.

23C. DATE SIGNED

12/8/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/10/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 S. North Ave.

VS 150

Dr. Kenneth Yaffe
3101 W. Balbo St
6 to 8 PM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10866**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIA

Sophia

GALLION

2. DATE
OF
DEATH 12-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION Franklin Square Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2631 Dulany Street

DULANEY

5. SEX
female6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

October 18-1897

9. AGE (In years
last birthday)

56

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shirt Presser

10B. KIND OF BUSINESS OR
INDUSTRY

Shirt Mfg.

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Wallace Mabbett

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

Home

215-07-1704

17. INFORMANT

ADDRESS

Clarence W. Gallion 2631 Dulany St.

18. E816.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Massive Hemoperitoneum

DUE TO Rupture of the Spleen and Crushing
Injury of the Abdomen and Spine

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
street21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Pratt and Poppleton Streets

18/3

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 12-4-53 4:05 P.21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

passenger in auto and auto collision

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

12-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1953
December 10

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore Ind.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

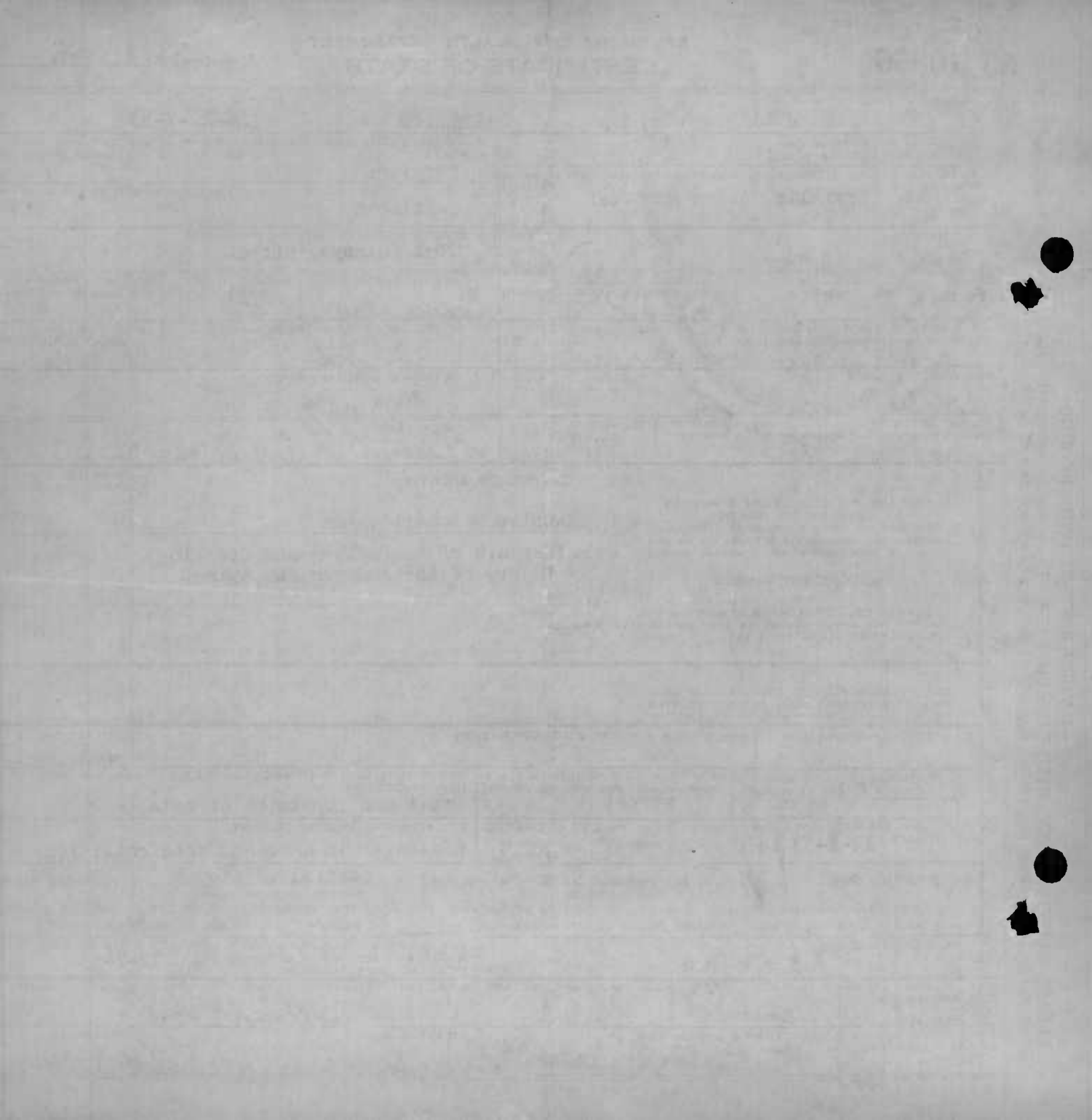
ADDRESS

George L. Schnat 201 Edinburg Ave

VS 151

N 805.2

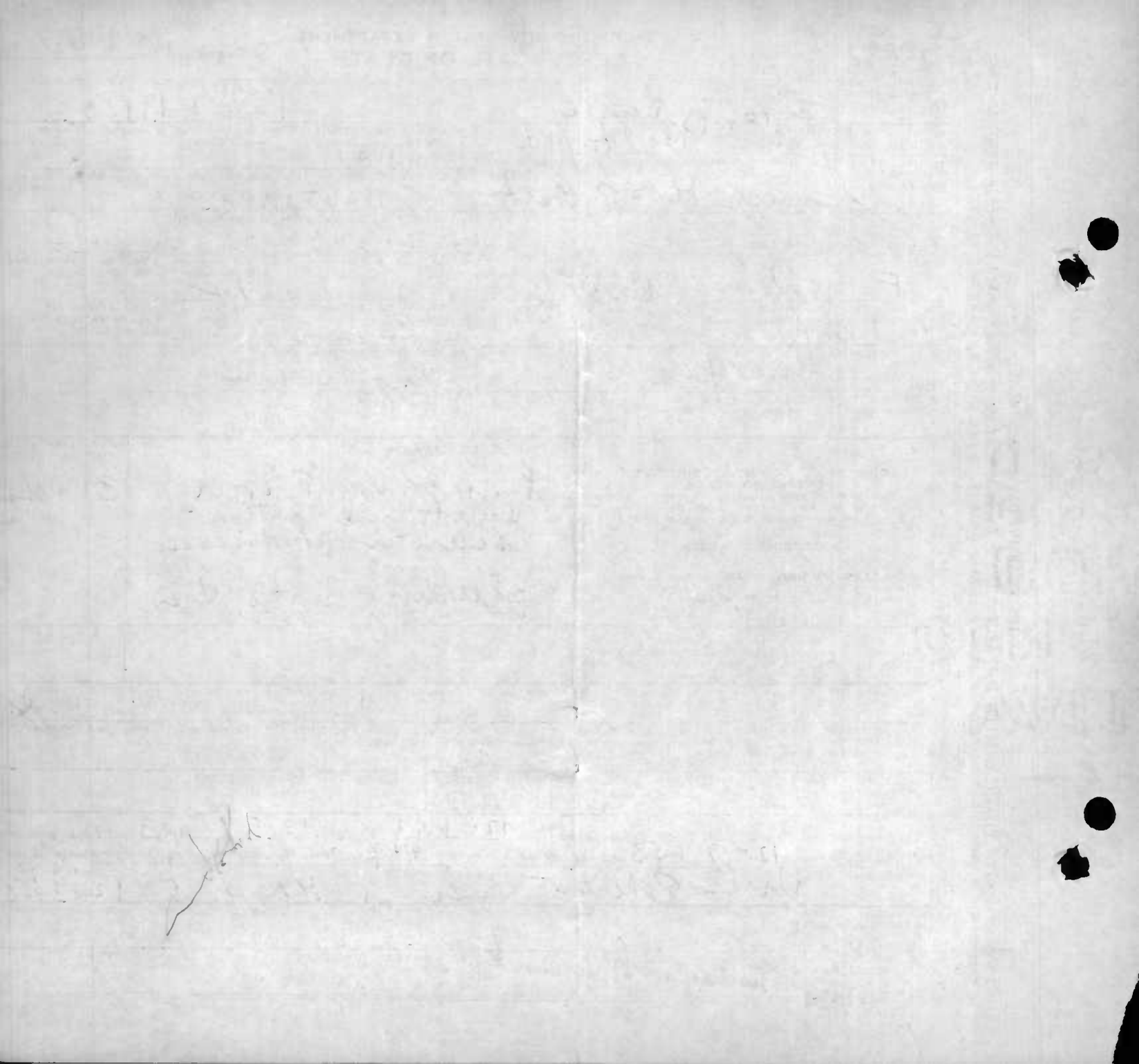
69046



MARGIN RESERVED FOR BINDING

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

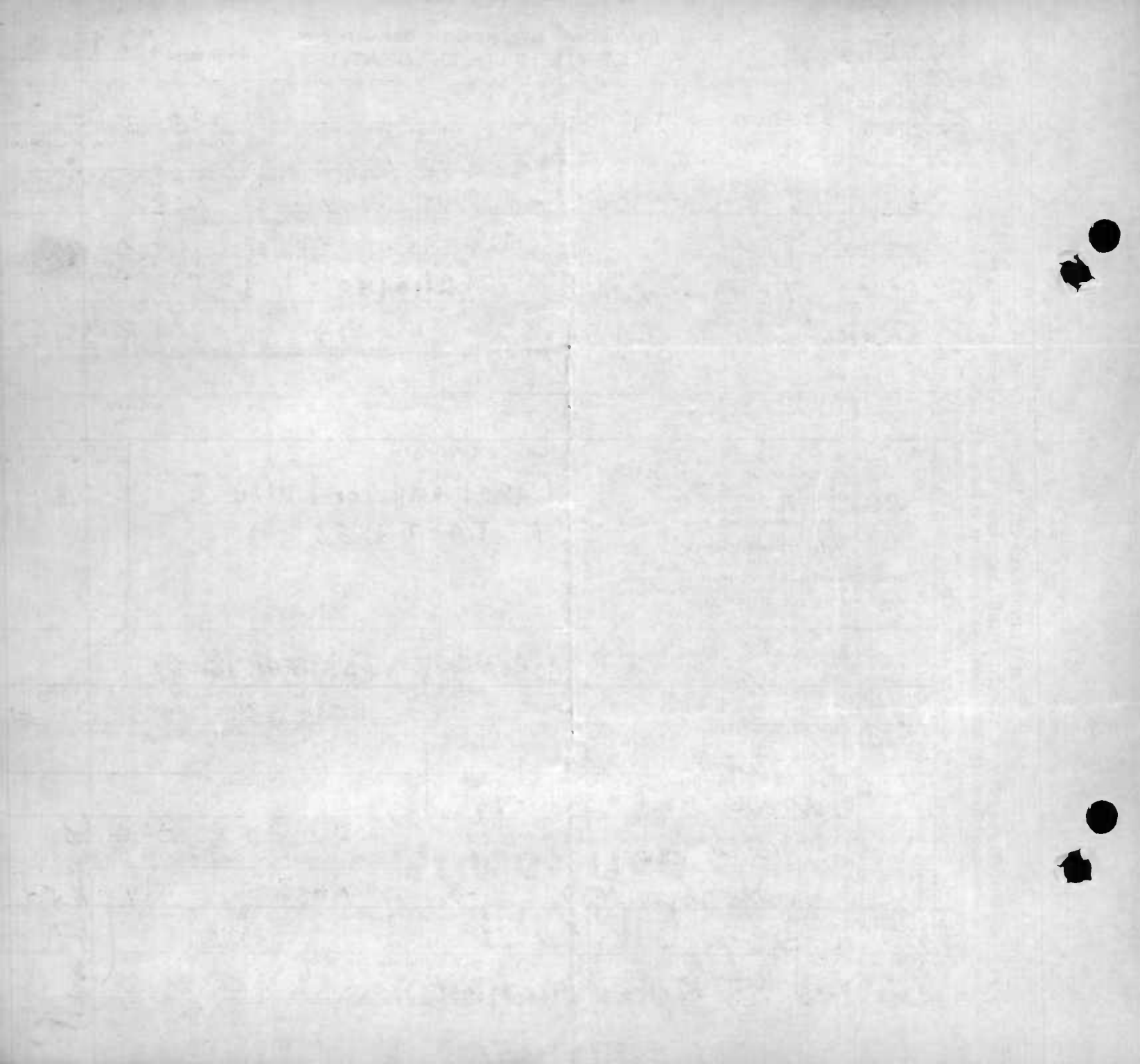
2-610 53 10867		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10867 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Zyroff, Bessie</i>		2. DATE OF DEATH <i>12/9/53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hosp Balto</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 27-11</i>			
D. STREET ADDRESS (If rural, give location) <i>5724 Clover Road</i>					
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <i>72</i>	
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY?		8. DATE OF BIRTH	
13. FATHER'S NAME <i>not known</i>		14. MOTHER'S MAIDEN NAME <i>not known</i>		17. INFORMANT <i>Nathan Zyroff</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Pulmonary Edema</i> DUE TO <i>Hypertensive Arterio-sclerotic Ht disease</i> (B) <i>bleeding Peptic Ulcer</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-3-53</i> , 19 <i>53</i> , to <i>12-9</i> , 19 <i>53</i> that I last saw the deceased alive on <i>12-9</i> , 19 <i>53</i> and that death occurred at <i>4:45 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jules Edlow</i>		23B. ADDRESS <i>Sinai Hosp</i>		23C. DATE SIGNED <i>12/9/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-10-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Carmel</i>	
24D. LOCATION (City, town, or county) <i>Balto, Md</i>		24E. FUNERAL DIRECTOR <i>Jack Lewis Inc</i>		24F. ADDRESS <i>2100 Canton Pl</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 10 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			



MARGIN RESERVED FOR BINDING

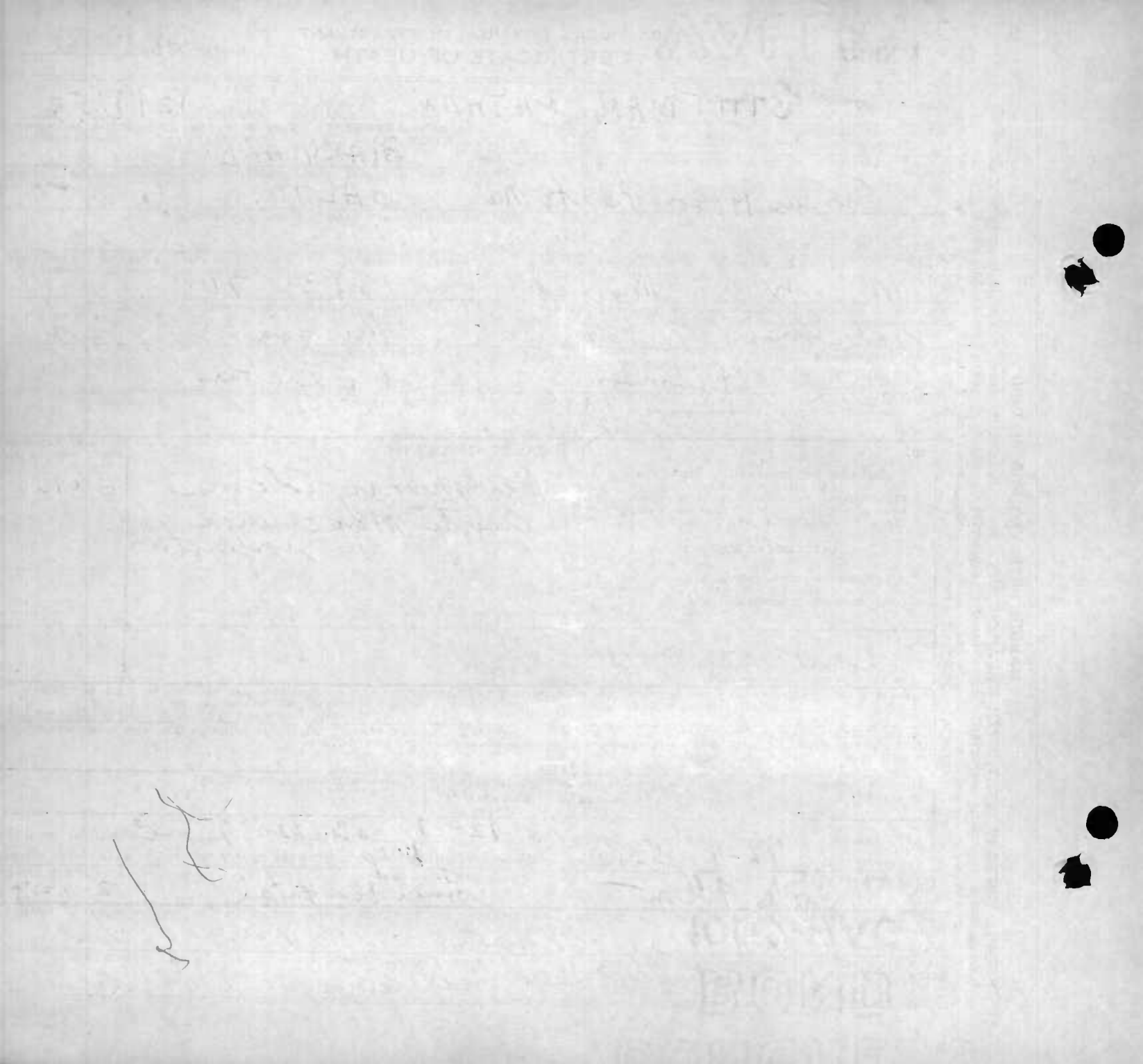
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10868		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10868	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Braeger Hyman		2. DATE OF DEATH 12-9-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1513	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Balt. Inc.		D. STREET ADDRESS (If rural, give location) 2638 Loyola Southway		E. LENGTH OF STAY IN BALTIMORE 42	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2/10/90	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROKER		10B. KIND OF BUSINESS OR INDUSTRY INS.		11. BIRTHPLACE (State or foreign country) RUSSIA	
12. CITIZEN OF WHAT COUNTRY? RUSSIA		13. FATHER'S NAME Joseph		14. MOTHER'S MAIDEN NAME Shurley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Anne Braeger - Same	
18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA OF LUNG - METASTASES		CAUSE OF DEATH (A) CARCINOMA OF LUNG - METASTASES (B) METASTASES (C)		INTERVAL BETWEEN ONSET AND DEATH 4 mos.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CORONARY INSUFFICIENCY		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 11-10-53 to 12-9-53 , that I last saw the deceased alive on 12-9-53 and that death occurred at 9:05 a.m. , from the causes and on the date stated above.		23A. SIGNATURE Julius G. Brown MD	
23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 12-9-53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 12-10-53		24C. NAME OF CEMETERY OR CREMATORY Belmont		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. Lewis	
VS 150		ADDRESS 7100 Cutaw Pl		40073	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-315 53 10869		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10869	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) STIFFMAN, NATHAN		2. DATE OF DEATH 12/9/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp Balto Md		D. STREET ADDRESS (If rural, give location) 2608 Quantico Ave		E. Length of stay in Baltimore 42 Yrs. 47 Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1883	9. AGE (In years last birthday) 70	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saloman		10B. KIND OF BUSINESS OR INDUSTRY Tailoring		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Alex		14. MOTHER'S MAIDEN NAME Stiffman		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 220-24-2563		17. INFORMANT ADDRESS Belia Stiffman - same	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema DUE TO Acute Myocardial infarction ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Pulmonary Edema Acute Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-9-53 to 12-9-53 that I last saw the deceased alive on 12-9-53 and that death occurred at 8:02 pm. , from the causes and on the date stated above.					
23A. SIGNATURE Orles Edlow		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 12-9-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-11-1953		24C. NAME OF CEMETERY OR CREMATORY Arlington	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS Jack Lewis Inc - 2100 Eastern Pl.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1953		VS 150 49046			



Dr. Chalfant

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-160
53 10870BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10870

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mabel Hiser Hooper

2. DATE
OF DEATH Dec. 8, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY HarfordB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 4427 Old York RoadC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Hyde P. O.

C. Length of stay in Baltimore two months Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
Reckord

5. SEX Female 6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH March 27, 1898 9. AGE (in years last birthday) 55 yrs If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
operator10B. KIND OF BUSINESS OR INDUSTRY
Telephone11. BIRTHPLACE (State or foreign country)
Baltimore, Maryland12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME

Richards

14. MOTHER'S MAIDEN NAME

Anne McCall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
218-22-074317. INFORMANT ADDRESS
Ruby Hooper Hyde, Md.

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of ovary

5 years

ANTECEDENT CAUSES

DUE TO

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 25, 1953, to Dec 8, 1953, that I last saw the deceased alive on Nov 30, 1953, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

A.S. Chalfant

23B. ADDRESS

6210 York Road

23C. DATE SIGNED

Dec 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/11/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR

DEC 10 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. K. McComas & Son Abingdon, Maryland

VS 150

3705A

100-100000

THE STATE OF TEXAS

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100-100000

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-200		L24 0320		53 10871		BALTIMORE CITY HEALTH DEPARTMENT		53 10871	
BIRTH NO. 53-23911		CERTIFICATE OF DEATH				Registered No.			
1. NAME OF DECEASED (Type or Print) Baby girl Hause.						2. DATE OF DEATH Sept 24, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 1 hrs.						D. STREET ADDRESS (If rural, give location) 2800 Linwood Ave. 5300			
5. SEX F		6. COLOR OR RACE W.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept. 24, 1953		9. AGE (In years last birthday) 1	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Louis Milton Hause.						14. MOTHER'S MAIDEN NAME Catherine Dolores Diegert			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Mother			
						ADDRESS as above			
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						CAUSE OF DEATH (A) Primary immaturity (352 Gms) DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 24, 1953, to , 19 , that I last saw the deceased alive on Sept 24, 19 53, and that death occurred at 5:20 p.m., from the causes and on the date stated above.									
23A. SIGNATURE [Signature]				23B. ADDRESS M. O. University Hospital				23C. DATE SIGNED Nov 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Holy Sepulchre		24D. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.				25. FUNERAL DIRECTOR		ADDRESS	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1

1



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FVJ 12136

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10872

BIRTH NO. 10872 53-30619

1. NAME OF DECEASED (Type or Print) Baby Girl - Bessie Carter			2. DATE OF DEATH 11-29-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 916 Barnabas Court		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11-28-1953	9. AGE (in years last birthday) Newborn	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Joseph Carter			14. MOTHER'S MAIDEN NAME Bessie Carter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT B.C.H. 4940 Eastern Avenue (records)			ADDRESS		
18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-28- , 1953 to 11-29- , 1953, that I last saw the deceased alive on 11-29- , 1953, and that death occurred at 7:40 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. Williams, M.D.</i>			23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-29-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 12-2-1953	24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals		24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave. Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS	

VALLEY
CONGRESS
BOND

1009-RAR

S. A.

MARGIN RESERVED FOR BINDING

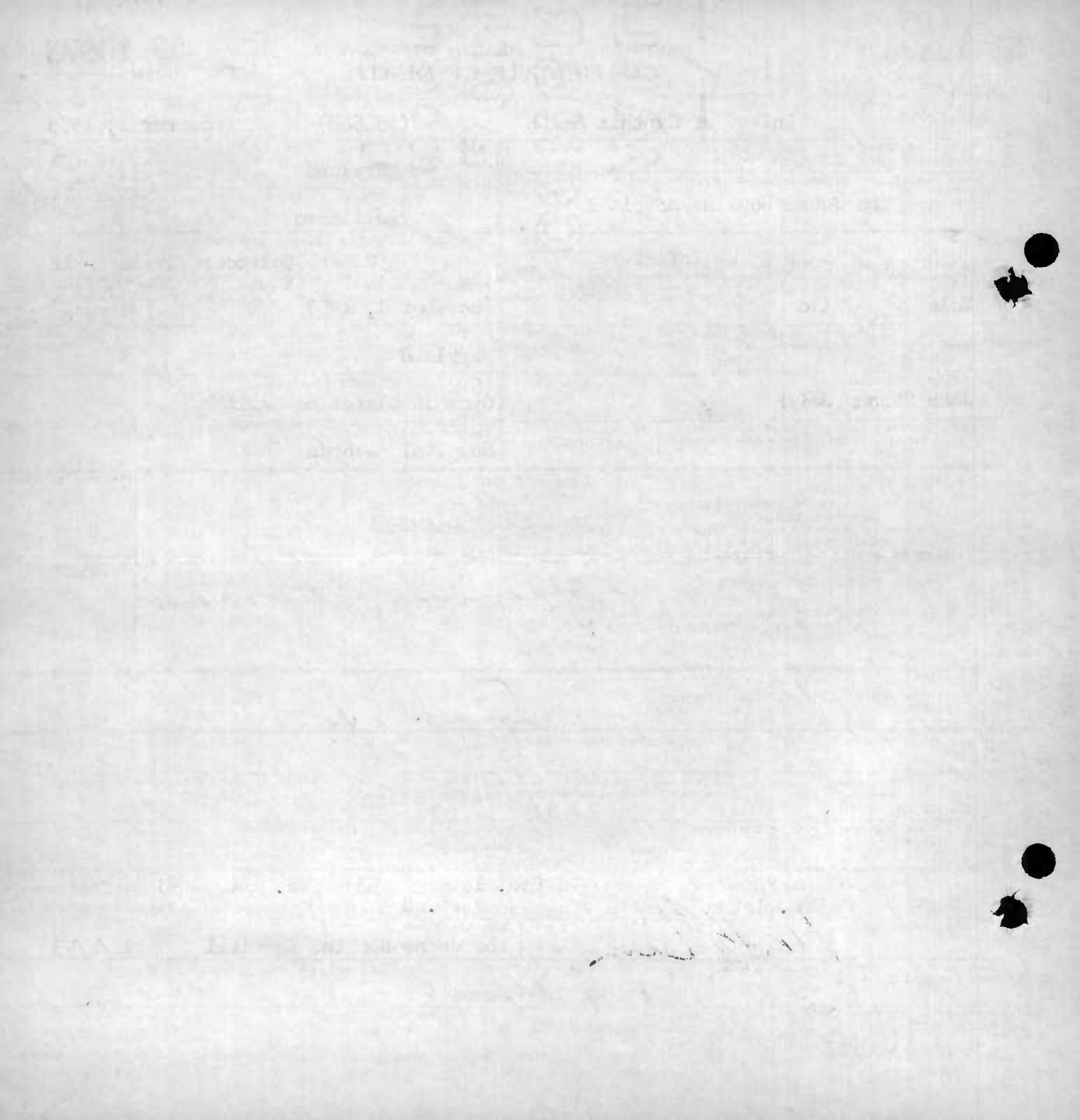
PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-530
53 10873
53-29369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10873
Registered No.

BIRTH NO. 53-29369	
1. NAME OF DECEASED (Type or Print) Infant of Cynthia Smith (658548)	
2. DATE OF DEATH December 1, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. STREET ADDRESS (If rural, give location) 352 East Belvedere Avenue - 12	
7. LENGTH OF STAY IN BALTIMORE Infant Yrs. Mos. Days	
8. SEX Male 9. COLOR OR RACE White	
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
11. DATE OF BIRTH December 1, 1953	
12. AGE (In years last birthday) 9. AGE (In years last birthday) 6 18	
13. BIRTHPLACE (State or foreign country) Maryland	
14. CITIZEN OF WHAT COUNTRY?	
15. FATHER'S NAME John Strong Smith	
16. MOTHER'S MAIDEN NAME Cynthia Cleveland Gault	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
18. SOCIAL SECURITY NO.	
19. INFORMANT Hospital Records ADDRESS	
18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Uremia	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Pulmonary atelectasis	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Immaturity	
21. DATE OF OPERATION 22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES NO	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY	
28. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from Dec. 1st, 1953 to Dec. 1st, 1953, that I last saw the deceased alive on Dec. 1st, 1953, and that death occurred at 6.20 A. M., from the causes and on the date stated above.	
31. SIGNATURE 32. ADDRESS The Johns Hopkins Hospital 33. DATE SIGNED 12/1/53	
34. BURIAL, CREMATION, REMOVAL (Specify)	
35. DATE 36. NAME OF CEMETERY OR CREMATORY Hosp. Burial	
37. LOCATION (City, town, or county) (State)	
38. DATE RECEIVED BY LOCAL REGISTRAR 39. REGISTRAR'S SIGNATURE 40. FUNERAL DIRECTOR ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10874

BIRTH NO. 53-29140

1. NAME OF DECEASED
(Type or Print)

Infant of Barbara Gallagher (652746)

2. DATE
OF
DEATH

November 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

2014 Bolton Street

C. Length of stay in Baltimore

Infant

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

November 29, 1953

9. AGE (in years
last birthday)If Under 1 Year
Months: Days

1

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Emden Gallagher

14. MOTHER'S MAIDEN NAME

Barbara Wenner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. 762.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Nov. 29th, 1953, to Nov. 30th, 1953 that I last saw the
deceased alive on Nov. 30th, 1953, and that death occurred at 7:45 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

12/2/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

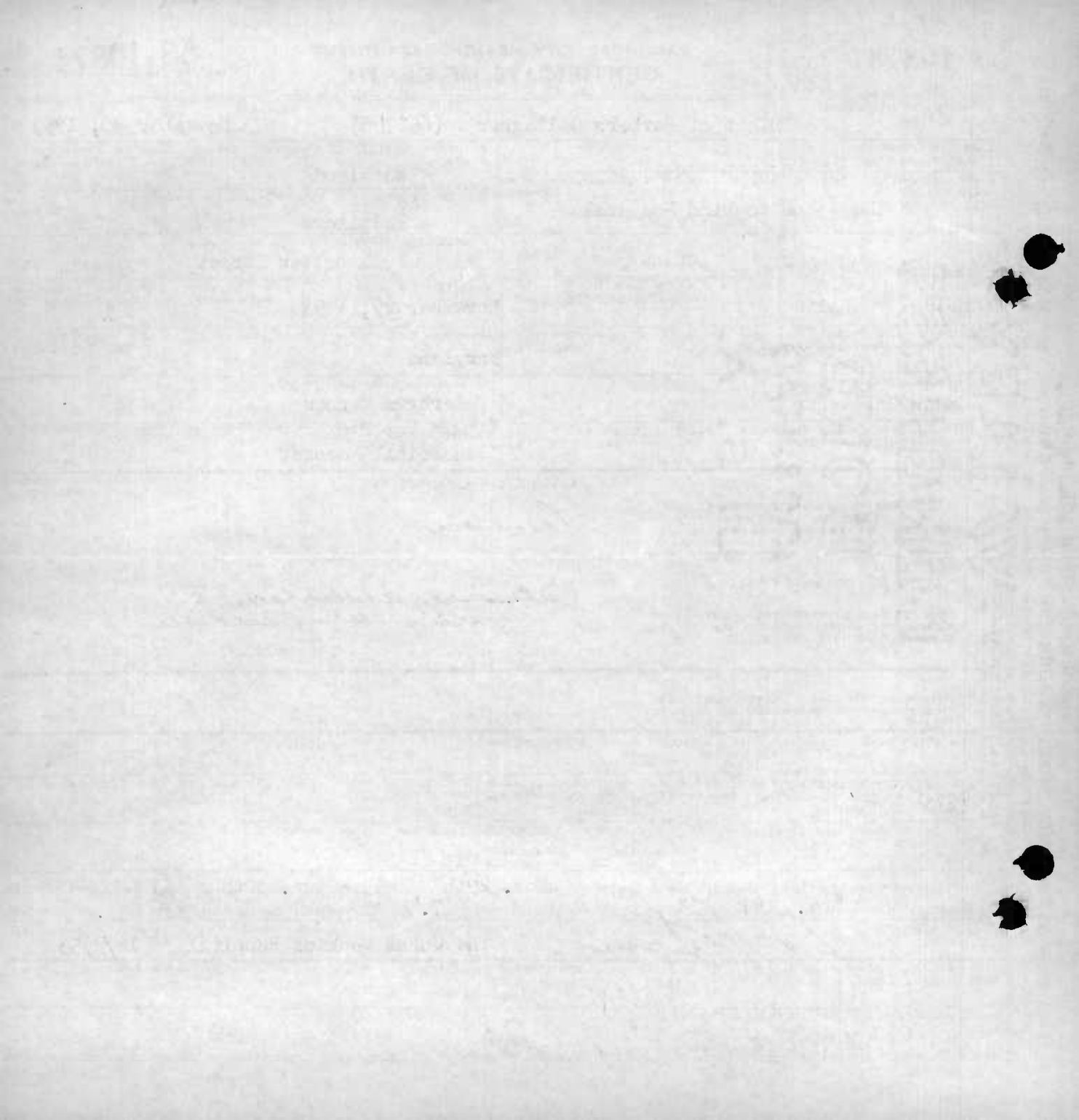
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



D-526

53 10875

BIRTH NO.

53-29000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 10875

1. NAME OF DECEASED
(Type or Print)

Infant of Louise Dangerfield

(506044)

2. DATE
OF
DEATH

November 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1237 East Biddle Street - 2

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

November 26, 1953

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

1 25

10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Wilburn

14. MOTHER'S MAIDEN NAME

Louise Dangerfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 761-0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Anoxia, severe.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Prolonged 2nd stage of labor(?)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Nov. 26, 1953, to Nov. 26, 1953, that I last saw the
deceased alive on Nov. 26, 1953, and that death occurred at 9.15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

The Johns Hopkins Hospital

11/30/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

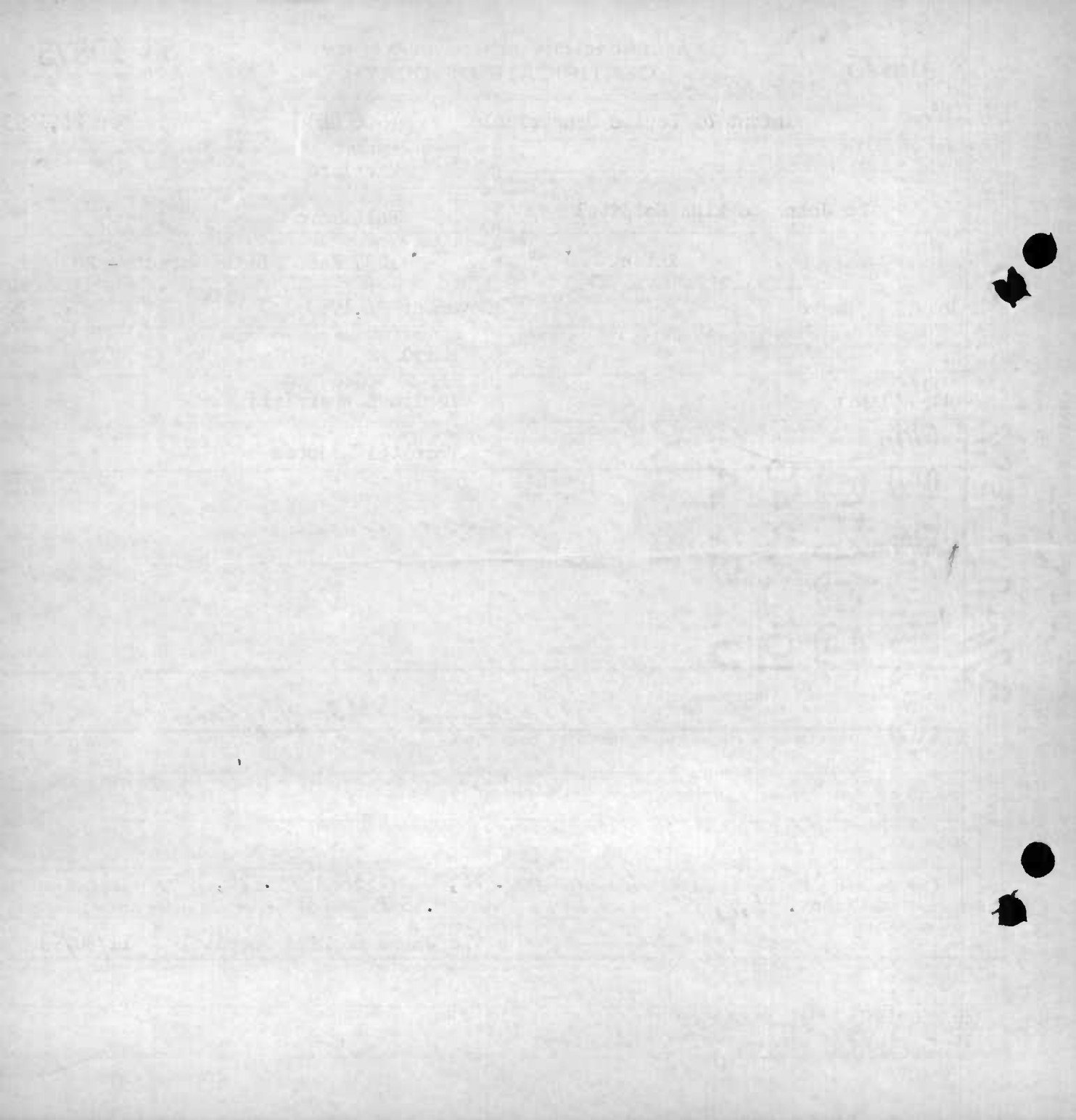
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1953

Huntington Williams, M.D.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

58 10876

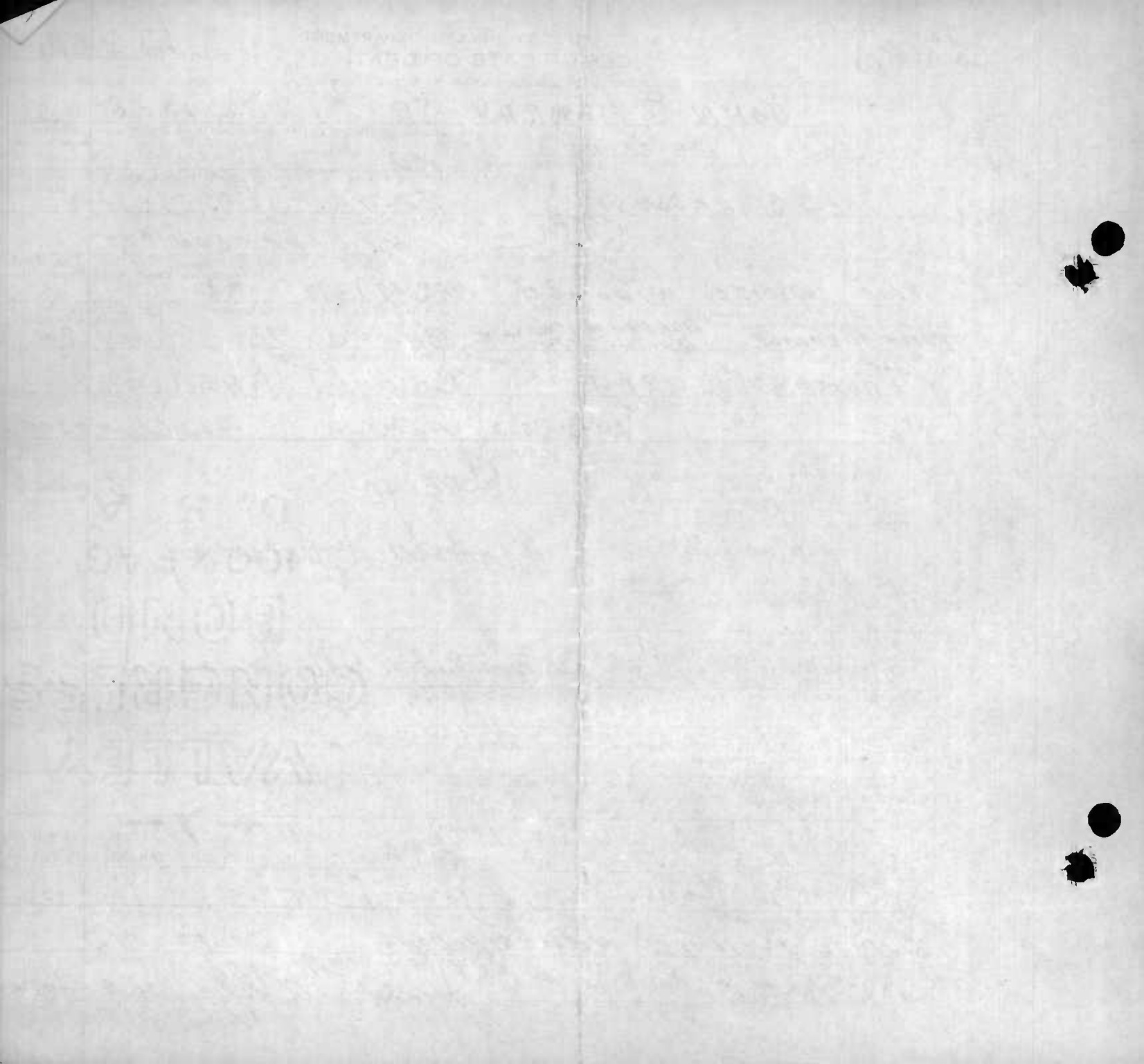
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10876

1. NAME OF DECEASED (Type or Print) JOHN J. MURRAY SR			2. DATE OF DEATH 12-8-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. MD.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1742 CLARKSON ST			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. LB-03		
D. STREET ADDRESS (If rural, give location) 1742 CLARKSON ST			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 19, 1872	9. AGE (In years last birthday) 81	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUMP OPERATOR			10B. KIND OF BUSINESS OR INDUSTRY BUREAU WATER INDUSTRY BALTO. CITY		
11. BIRTHPLACE (State or foreign country) BALTO., MD.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME THOMAS MURRAY			14. MOTHER'S MAIDEN NAME BRIDGET RAEDIGAN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 215-24-1882		
17. INFORMANT FAMILY			ADDRESS 1742 CLARKSON ST		
18. 610X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UREMIA			INTERVAL BETWEEN ONSET AND DEATH 3 months		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Prostatic Hypertrophy			DUE TO (A) _____ (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Cardio-Vascular Disease			8 yrs		
19A. DATE OF OPERATION 12-11-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		20B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. TIME (Month) (Day) (Year) (Hour) OF INJURY		21B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21C. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947 19____, to 12-8 , 19 53 , that I last saw the deceased alive on 12-5 , 19 53 , and that death occurred at 7 A. -m., from the causes and on the date stated above.					
23A. SIGNATURE D. Waller Kohn		23B. ADDRESS M. D. 102 E. FORT AVE		23C. DATE SIGNED 12-9-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-11-53		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	
24D. LOCATION (City, town, or county) (State) BALTO. MD.		25. FUNERAL DIRECTOR ADDRESS James J. M. Kelly 130 E. FORT AVE			
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1953		REGISTRAR'S SIGNATURE Huntington Williams			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10877 Registered No. 53 10877

BIRTH NO. D-450

1. NAME OF DECEASED (Type or Print) Joseph H. Delaney		2. DATE OF DEATH 12/8/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital 2025 W. Fayette St Baltimore, Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #3	
6. Length of stay in Baltimore 34 Yrs. 57 Mos. 57 Days		D. STREET ADDRESS (If rural, give location) 1257 Williams St.	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.	10. DATE OF BIRTH 6/23/1896
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel & Copper worker		12. AGE (in years last birthday) 57	
13. KIND OF BUSINESS OR INDUSTRY work at U.S. Chem. Co.		13. BIRTHPLACE (State or foreign country) Baltimore, Md.	
14. FATHER'S NAME JAMES DELANEY		15. CITIZEN OF WHAT COUNTRY? U.S.	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) unknown		17. SOCIAL SECURITY NO.	
18. MOTHER'S MAIDEN NAME Elizabeth Weber.		19. INFORMANT Mrs. Joseph H. Delaney	
20. ADDRESS same		21. ADDRESS	
22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Nephrosclerosis & renal Uremia App. 4 wks.			
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hypertensive Arteriosclerotic Cardio Vascular Renal disease.			
24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
25. DATE OF OPERATION 0		26. MAJOR FINDINGS OF OPERATION	
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		30. HOW DID INJURY OCCUR?	
31. TIME (Month) (Day) (Year) (Hour) OF INJURY		32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
33. I hereby certify that I attended the deceased from 12/1 , 19 53 , to 12/8 , 19 53 , that I last saw the deceased alive on 12/8 , 19 53 , and that death occurred at 9:20 a.m., from the causes and on the date stated above.			
34. SIGNATURE Bernard J. Byrne Jr.		35. ADDRESS Bon Secours Hosp 2025 Fayette St	
36. DATE SIGNED 12/9/53		37. SIGNATURE same	
38. BURIAL, CREMATION, REMOVAL (Specify) Burial		39. DATE 12/11/53	
40. NAME OF CEMETERY OR CREMATORY Landon Park		41. LOCATION (City, town, or county) (State) Frederick Ave.	
42. DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1953		43. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
44. FUNERAL DIRECTOR J. J. Fidler		45. ADDRESS same	

VS 150

6904R

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10878**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN

DEMSKI

2. DATE
OF
DEATH Dec. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Woman's Hospital

C. CITY OR TOWN (If outside corporate limits, write full RAIL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

725 S. Rose St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 4, 1907

9. AGE (in years
last birthday)

46

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Sailing

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John McShane

14. MOTHER'S MAIDEN NAME

Sapalis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215035596

17. INFORMANT

Michael Demski

ADDRESS

18. E954.7

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Syncope during sodium pentothal anesthesia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Pulmonary edema
Acute hepatitis and cirrhosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

hospital

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Woman's Hospital 14/1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
Dec. 7, 195321E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒21F. HOW DID INJURY OCCUR? Syncope during
sodium pentothal anesthesia22. I certify that I took charge of the remains described above, held an _____ autopsy _____ thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimsz

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

Dec. 8, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 11/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Williams

25. FUNERAL DIRECTOR

Fred W. Ozagowski

ADDRESS

VS 151

N 999.2

590 46 1930 Eastern Ave

100-1000

100-1000

100-1000



53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FC 51

10879

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 10879

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Goldie Frampton.

2. DATE
OF
DEATH

Dec. 9, 1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore Gen. Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 30

23-03

D. STREET ADDRESS (If rural, give location)

1732 Patapsco St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Feb. 3, 1911

9. AGE (In years,
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Wilkerson.

14. MOTHER'S MAIDEN NAME

Louisa Brehm

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Hazel Fisher, 7875 Oakdale

18. 491x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Cardiac Failure.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Acute Cor Pulmonale

DUE TO

(C)

Broncho Pneumonia, Acute, Bil.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/8, 1953 to 12/9, 1953 that I last saw the
deceased alive on 12/9, 1953 and that death occurred at 9:45 A. M., from the causes and on the date stated above.

23. SIGNATURE

Dorothy Benning

M. D.

23B. ADDRESS

1715 Lytle St.

23C. DATE SIGNED

12/9/53.

24A. BURIAL, CREMATION,
NON-REMOVAL (Specify)

Burial

24B. DATE

12/12/53

24C. NAME OF CEMETERY OR CREMATORY

Orino

24D. LOCATION (City, town, or county)

Balt. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Cook Inc. 1217 St. Paul St

ADDRESS

DEC 10 1953

VS 150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10880

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Karl R. W. Friers Sr.2. DATE
OF
DEATHDec. 8/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)2923 W. Lanvale St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2923 W. Lanvale St

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Seperated

8. DATE OF BIRTH

Nov. 24, 18829. AGE (in years
last birthday)71If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Retired Maintenance, Mt. Royal Hotel10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ernest A. Friers

14. MOTHER'S MAIDEN NAME

Mary Meyer15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.
416 01 8785

17. INFORMANT

ADDRESS

Carl R.W. Friers, 2923 W. Lanvale St18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of the left lung2 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 16, 1953, to Dec 9, 1953, that I last saw the
deceased alive on Dec 8, 1953 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Shorser

M. D.

23B. ADDRESS

4111 Liberty Heights

23C. DATE SIGNED

12/9/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

Dec. 11/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn 7, Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

FUNERAL DIRECTOR

Harry W. Smith

ADDRESS

101 Edmondson Ave.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 1, 1901.

REPORT
OF THE

ATTORNEY GENERAL,
JAMES C. CLARK,

FOR THE YEAR
1900.

ALBANY:
J. B. LIPPINCOTT & CO.,

PRINTERS,
1901.

NEW YORK:
J. B. LIPPINCOTT & CO.,

SOLE AGENTS,
1901.

ALBANY:
J. B. LIPPINCOTT & CO.,

PRINTERS,
1901.

NEW YORK:
J. B. LIPPINCOTT & CO.,

SOLE AGENTS,
1901.

ALBANY:
J. B. LIPPINCOTT & CO.,

PRINTERS,
1901.

NEW YORK:
J. B. LIPPINCOTT & CO.,

SOLE AGENTS,
1901.

ALBANY:
J. B. LIPPINCOTT & CO.,

PRINTERS,
1901.

MARGIN RESERVED FOR BINDING

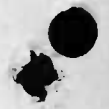
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-263
53 10881BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10881
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Annie A. Richardson</i>		2. DATE OF DEATH <i>Dec. 8, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>17-02</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1131 Brewer St.</i>		C. CITY OR TOWN <i>Baltimore</i>			
c. Length of stay in Baltimore <i>66 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1131 Brewer St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 24, 1887</i>	9. AGE (In years last birthday) <i>66</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>Frank Wilson</i>		14. MOTHER'S MAIDEN NAME <i>Rachel Emory</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>1131 Brewer St.</i>			
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>		CAUSE OF DEATH (A) <i>Due to</i> <i>Hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Due to</i>			
(C) <i>Due to</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/5/53</i> to <i>12/8/53</i> , that I last saw the deceased alive on <i>12/7/53</i> and that death occurred at <i>03</i> A.M., from the causes and on the date stated above					
23A. SIGNATURE <i>William M. Garrow</i>		23B. ADDRESS <i>233 Arget</i>		23C. DATE SIGNED <i>12/10/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Dec. 11, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Catholic Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 10 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington W. Walker</i>		25. FUNERAL DIRECTOR <i>Funeral Home</i>	
				26. ADDRESS <i>1631 Spruce Hill Dr</i>	

1891-92

1891-92



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 10882**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

Harrison Parker

 2. DATE
OF
DEATH

Dec 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

and

 B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

 C. CITY OR TOWN (If outside corporate limits, state R.U.R. Land given township)
Baltimore

 D. STREET ADDRESS (If rural, give location)
1049 Vine St

C. Length of stay in Baltimore

 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

1870

9. AGE (in years last birthday)

83

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Editor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William G. Parker

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

 17. INFORMANT ADDRESS
James Conway 1007 Vine St

 18. **4221**

CAUSE OF DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) **Arteriosclerotic Cardiovascular**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B) **Disease**

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☒

 21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I certify that I took charge of the remains described above, held an **Insp. & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....

 23C. DATE SIGNED
Dec 6/1953

24A. BURIAL CREMATION, REMOVAL (Specify)

Buried

24B. DATE

12/10/53

24C. NAME OF CEMETERY OR CREMATORY

mt Zion

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 10 1953

25. FUNERAL DIRECTOR

Charles R. Rice 661 W

ADDRESS

Barre St

10-10-10



53

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

D-150

10883

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 53 10883
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY E. DABNEY

2. DATE
OF
DEATH 12/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1609 W. FRANKLIN STREET

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1609 W. FRANKLIN STREET

c. Length of stay in Baltimore

30YRS.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9/9/1882

9. AGE (In years last birthday)

71

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

YORKTOWN, VA.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WM. THOMAS BATTLE

14. MOTHER'S MAIDEN NAME

LUCY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

LUCY HAMPTON(D) 1609 W. FRANKLIN STREET

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

6 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardiovascular Disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Sensitivity

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1953, to Dec 6, 1953, that I last saw the deceased alive on Dec 6, 1953, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Ralph W. Beckley, M.D.

23B. ADDRESS

426 N. Guilford St.

23C. DATE SIGNED

12/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12/11/53

24C. NAME OF CEMETERY OR CREMATORY

ARBUTUS MEM'L. PK.

24D. LOCATION (City, town, or county)

BALTO. COUNTY, MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 10 1953

REGISTRAR'S SIGNATURE

Huntington Williams

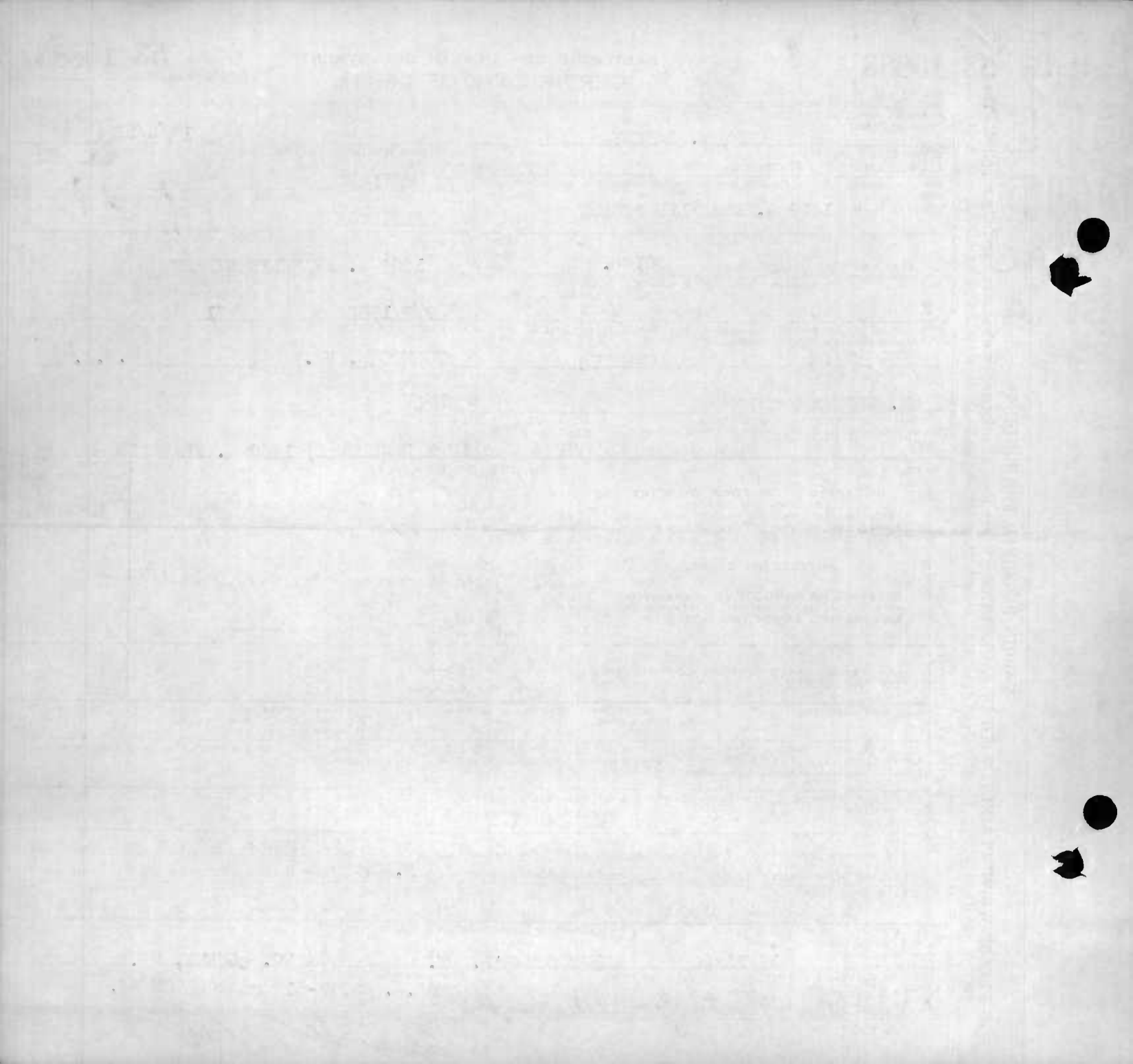
25. FUNERAL DIRECTOR

CHAS. G. COOPER-512 CARROLLTON AV.

ADDRESS

VS 150

7208A Charles & Cooper



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 420

BALTIMORE CITY HEALTH DEPARTMENT
53 10884
CERTIFICATE OF DEATH
Registered No. 53 10884

1. NAME OF DECEASED (Type or Print) *Baby Ellis*

2. DATE OF DEATH *Dec-9-1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *Md*
B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
1211 N. Chester St.

8. Length of stay in Baltimore
Yrs. *33*
Mos. *8-11*
Days

9. SEX *Female*

10. COLOR OR RACE *white*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH *12-7-53*

13. AGE (In years, last birthday) *2*

14. If Under 1 Year: Months: *2*

15. If Under 24 Hours: Days: *2*

16. If Under 24 Hours: Hours: *2*

17. If Under 24 Hours: Min.

18. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

19. KIND OF BUSINESS OR INDUSTRY

20. BIRTHPLACE (State or foreign country) *Md*

21. CITIZEN OF WHAT COUNTRY?

22. FATHER'S NAME *William Ellis*

23. MOTHER'S MAIDEN NAME *Mary*

24. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

25. SOCIAL SECURITY NO.

26. INFORMANT *JOHNS HOPKINS HOSPITAL*

27. ADDRESS

28. CAUSE OF DEATH
18. *759.3*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Multiple Congenital Anomalies

29. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

31. DATE OF OPERATION

32. CONDITION FOR WHICH OPERATION WAS PERFORMED

33. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

34. AUTOPSY? YES ☐ NO ☐

35. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

36. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

37. 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

38. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

39. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

40. 21F. HOW DID INJURY OCCUR?

41. I hereby certify that I attended the deceased from *12-7-1953*, to *12-9-1953*, that I last saw the deceased alive on *12-7-1953*, and that death occurred at *2:20* pm., from the causes and on the date stated above.

42. 23A. SIGNATURE *Am. Morgan*

43. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

44. 23C. DATE SIGNED

45. 24A. BURIAL, CREMATION, REMOVAL (Specify)

46. 24B. DATE *Dec 10 1953*

47. 24C. NAME OF CEMETERY OR CREMATORY *Parkwood*

48. 24D. LOCATION (City, town, or county) (State) *Laylor Ave*

49. DATE RECEIVED BY LOCAL REGISTRAR

50. REGISTRAR'S SIGNATURE *Huntington Williams*

51. FUNERAL DIRECTOR *Leo S.brook*

52. ADDRESS *1701-03 N. Patterson Park Ave*

VS 150

WALTER
GORDON
BOND
1000000000



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-520

53 10885

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 53 10885
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Florida Virginia Jones</i>		2. DATE OF DEATH <i>Dec. 9, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1427 C. Eager St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give to nearest city) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>27</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1427 C. Eager St.</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept. 30, 1911</i>	9. AGE (In years last birthday) <i>42 yrs.</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Potsdam, Va.</i>	
13. FATHER'S NAME <i>Grant Spright</i>		14. MOTHER'S MAIDEN NAME <i>Lucy E. Spright</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Clayborne Jones Same</i>	
18. 171X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <i>Carcinoma of the Cervical Stump</i>		1950	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Radioactive</i>		1953	
		(C) <i>metastases</i>		1953	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1951</i> , 19__, to <i>Dec 9</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Dec 8</i> , 19 <i>53</i> , and that death occurred at <i>4:15 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>F. D. Jones M. O.</i>		23B. ADDRESS <i>1422 E. Chase St.</i>		23C. DATE SIGNED <i>12/10/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 10 1953</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>1129 N. Caroline St.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

J-520
53 10886

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10886
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) G.W. HOLMES THOMAS			2. DATE OF DEATH 12/9/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02		
6. Length of stay in Baltimore 44 ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Napkins Apartments		
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	10. DATE OF BIRTH 1879 SEPT 8		11. AGE (In years, last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES (RET.)			10B. KIND OF BUSINESS OR INDUSTRY INSURANCE		11. BIRTHPLACE (State or foreign country) LOUISIANA
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME HOLMES THOMAS		
14. MOTHER'S MAIDEN NAME EOA BRINGIER			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS MRS. HOLMES THOMAS ABOVE		

18. 541.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bacterial-Intestinal Hemorrhage DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Sudden death - pneumonia DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Disease possible infarction		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/9 , 19 53 , to 12/9 , 19 53 , that I last saw the deceased alive on 12/9 , 19 53 , and that death occurred at 11:30 a. m., from the causes and on the date stated above.					
23A. SIGNATURE F. M. Charles Jr		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 12/20/53	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12-11-1953	24C. NAME OF CEMETERY OR CREMATORY GREENMOUNT	24D. LOCATION (City, town, or county) (State) BALTO. MD.
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS H.W. JENKINS & SONS Co. 4905 YORK RD.	

45073



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED

(Type or Print)

Karen Charlotte Jansen

2. DATE

OF DEATH

Dec. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Maryland general Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-10

D. STREET ADDRESS (If rural, give location)

815 Mc Cabe Ave # 12

E. Length of stay in Baltimore

10 years

Yrs.
Mos.
Days

F. SEX

F

G. COLOR OR RACE

W

H. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

I. DATE OF BIRTH

Sept. 12, 1875

J. AGE (in years last birthday)

78 years

K. Under 1 Year

Months: Days

L. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Norway

12. CITIZEN OF WHAT COUNTRY?

Norway

13. FATHER'S NAME

Olav Mhyre

14. MOTHER'S M maiden NAME

LORENTINE MHYRE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Helen Bowser

815 Mc Cabe Ave # 12

18. 332x and 260x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

2 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) generalized arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus; gangrene of foot

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 27, 1952, to Dec. 9, 1953, that I last saw the deceased alive on Dec. 9, 1953, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Valeriana B. Castillo

M. O.

23B. ADDRESS

Maryland general Hospital

23C. DATE, SIGNED

12/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-12-1953

24C. NAME OF CEMETERY OR CREMATORY

ARLINGTON

24D. LOCATION (City, town, or county)

DREXEL HILL

(State)

PA.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

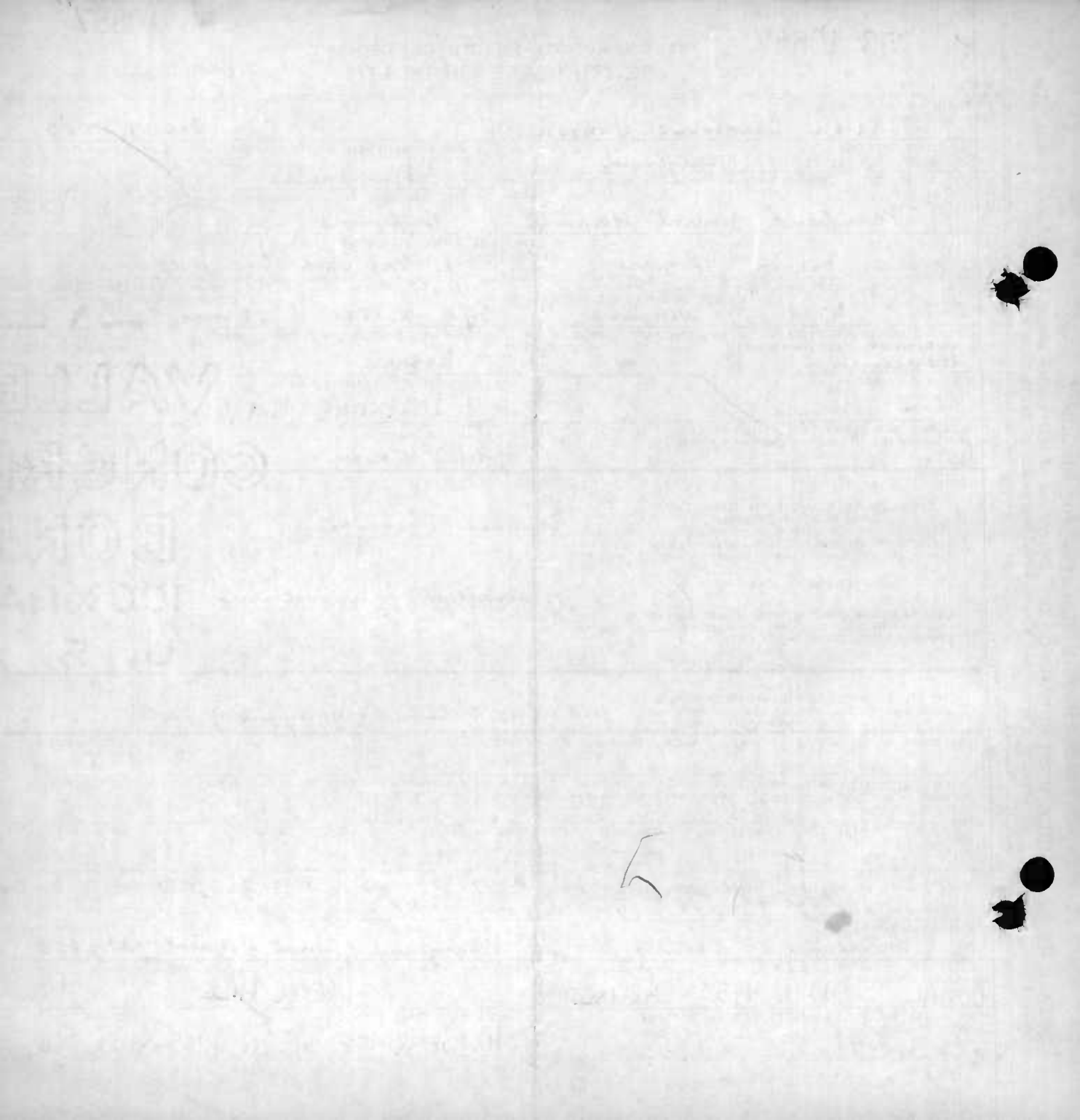
25. FUNERAL DIRECTOR

ADDRESS

DEC 10 1953

Huntington Williams, M.D.

H.W. JENKINS & SONS CO. 4905 YORK RD.



G-600
53 10888BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10888
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rachael Carr

2. DATE
OF
DEATH

12 8 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2101 Wood Spring Lane

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

STATE

B. COUNTY

institution: residence before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Md

16-04

D. STREET ADDRESS (If rural, give location)

607 N. Appleton St

6. Length of stay in Baltimore

27 Yrs.

Yrs.

Mos.

Days

7. SEX

F

8. COLOR OR RACE

Coe

9. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

10. DATE OF BIRTH

May 2nd

11. AGE (In years

last birthday)

36

12. Under 1 Year

Months: Days

13. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

SC

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ben Carr

14. MOTHER'S MAIDEN NAME

not home

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

W

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Francis Mayfield

ADDRESS

18. 260X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

TO

(B)

TO

(C)

Hypertensive Cardiovascular Disease
Diabetes Mellitus
Blind both eyes

INTERVAL BETWEEN ONSET AND DEATH

?

?

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1953, to Dec 8, 1953, that I last saw the deceased alive on Sept 15, 1953, and that death occurred at 1130 P.M., from the causes and on the date stated above.

23A. SIGNATURE

W. R. Johnson

23B. ADDRESS

403 Med Art Bldg

23C. DATE SIGNED

12-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

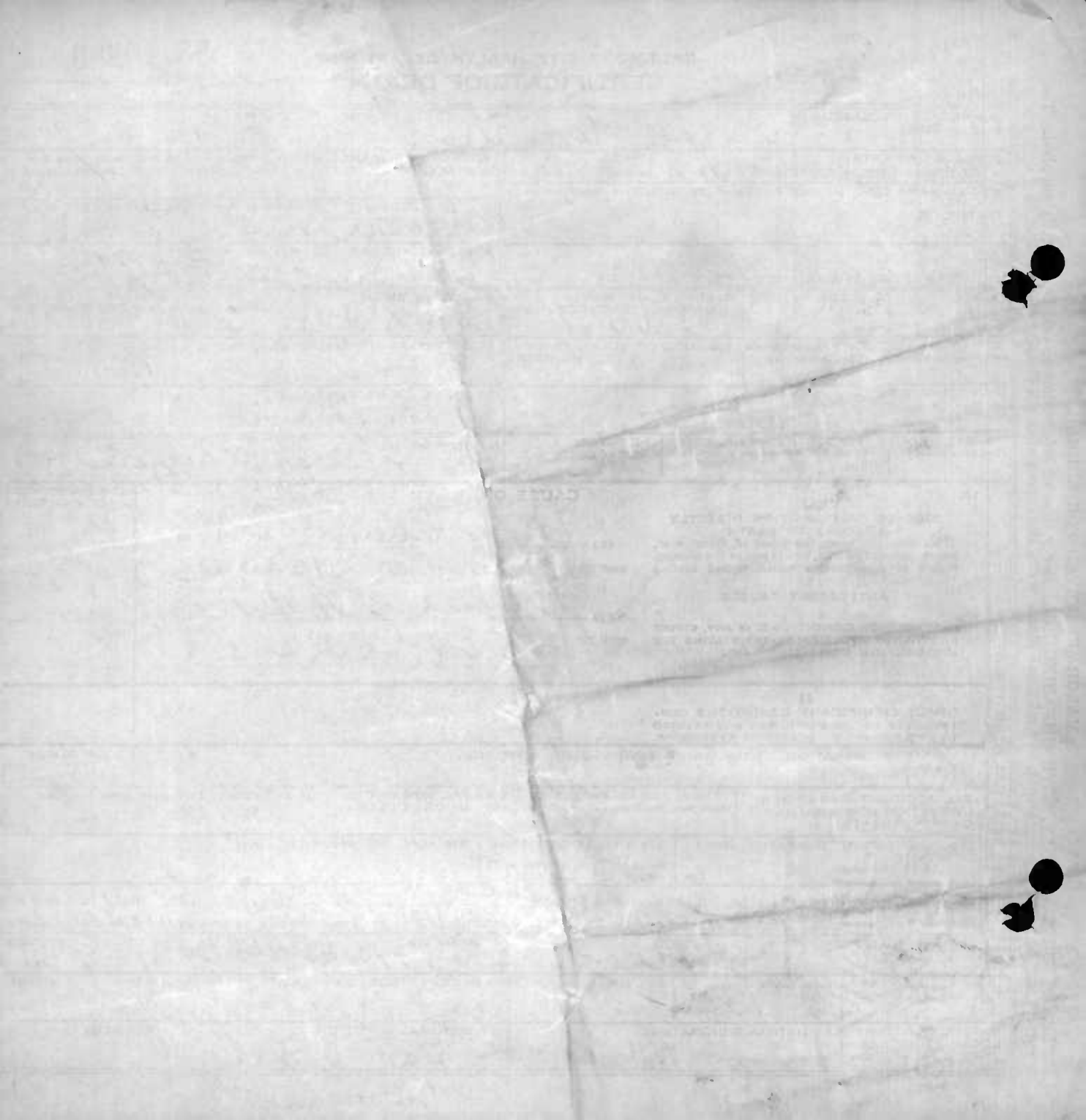
ADDRESS

DEC 10 1953

Huntington Williams, M.D.

Oliver O Wilson

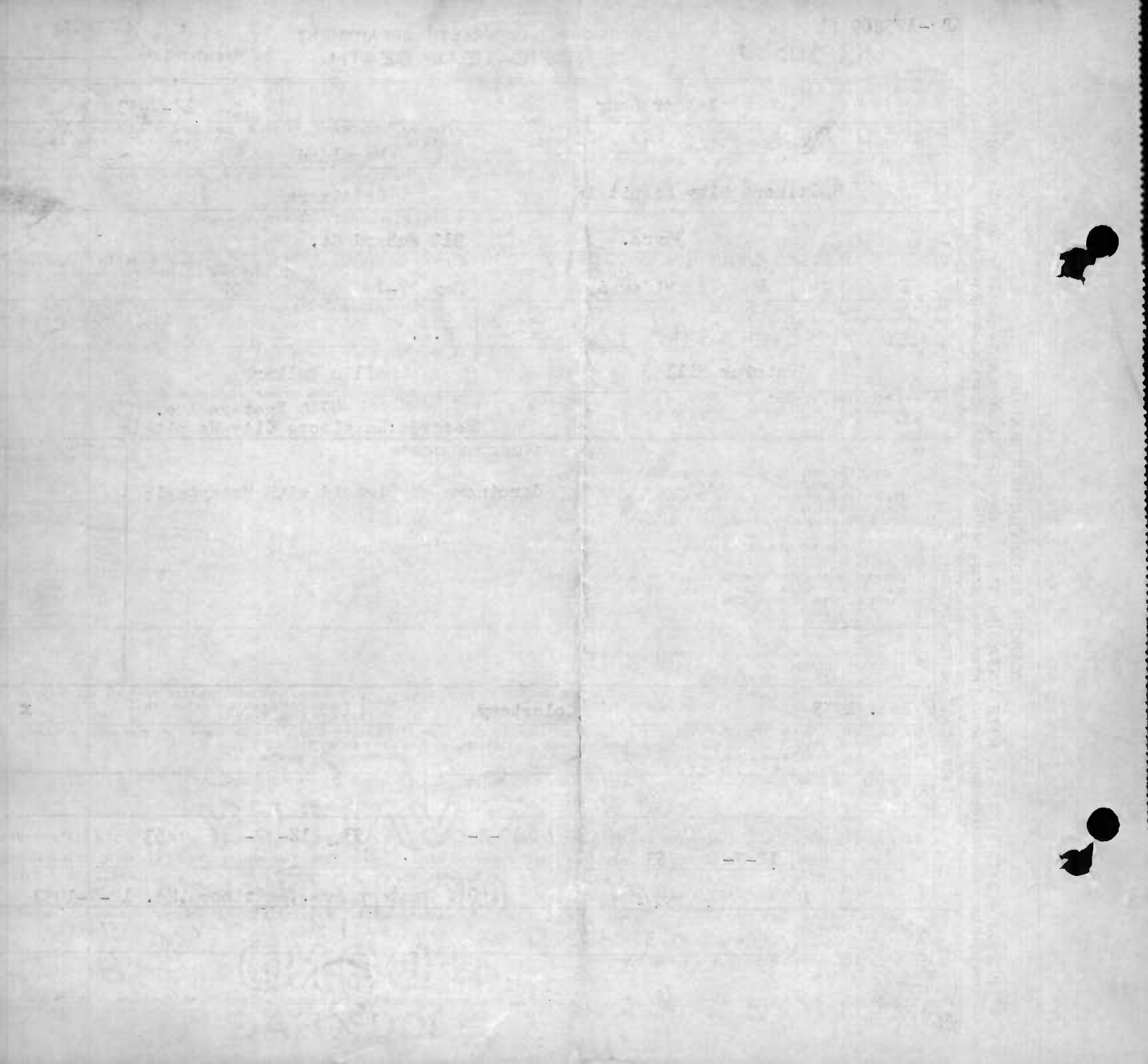
1000 Brantley Ave



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB -175269 <i>4-520</i> 53 10889		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10889 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Esther Long</i>		2. DATE OF DEATH <i>12-7-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balti. City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>10-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Baltimore City Hospitals</i>		D. STREET ADDRESS (If rural, give location) <i>919 Hubard Ct.</i>			
31 c. Length of stay in Baltimore <i>35yrs.</i>		Yrs. Mos. Days			
5. SEX <i>F</i>	6. COLOR OR RACE <i>N</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>May 27-?</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		9. AGE (In years last birthday) <i>50?</i>	
11. BIRTHPLACE (State or foreign country) <i>N.J.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. FATHER'S NAME <i>Patrick Hill</i>		14. MOTHER'S MAIDEN NAME <i>Lucille Walker</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>4940 Eastern Ave.</i> ADDRESS <i>Records: Baltimore City Hospitals</i>	
18. <i>153x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Sigmoid with Metastasis</i> DUE TO (A) <i>Carcinoma of Sigmoid with Metastasis</i> (B) <i>Antecedent Causes</i> (C) <i>Diseases or conditions, if any, giving rise to the above cause (A) stating the underlying condition last.</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>Feb. 1953</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Colostomy</i>		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>10-2-</i> , <i>1953</i> , to <i>12-7-</i> , <i>1953</i> that I last saw the deceased alive on <i>12-7-</i> , <i>1953</i> , and that death occurred at <i>3.20PM.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>H.C. Johnston</i>		23B. ADDRESS <i>4940 Eastern Ave., Baltimore, Md.</i>		23C. DATE SIGNED <i>12-7-1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-10-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Brooklyn Ave.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>Elroyo, Wilson</i>		25. ADDRESS <i>1100 Bunting</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 11 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		720 FA	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-643
53 10890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10890
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Brocato, Lucy

2. DATE
OF
DEATH

12-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Sinai Hospital of Balt. Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

6120 Bessemer Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5-16-13

9. AGE (In years last birthday)

40

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

operator

10B. KIND OF BUSINESS OR INDUSTRY

clothing

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Guisto Desenaro

14. MOTHER'S MAIDEN NAME

Anna Previti

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

218-01-7961

17. INFORMANT

Miss Josephine Desenaro, Wife, 4137

ADDRESS

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

(B) Renal Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Diabetes Mellitus

12 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Purulent Maxillary Sinusitis

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9 1953 to 12-9, 1953, that I last saw the deceased alive on 12-9, 1953, and that death occurred at 2:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Daniel Baker

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

12-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 12/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 10 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Philips Hewig Sons

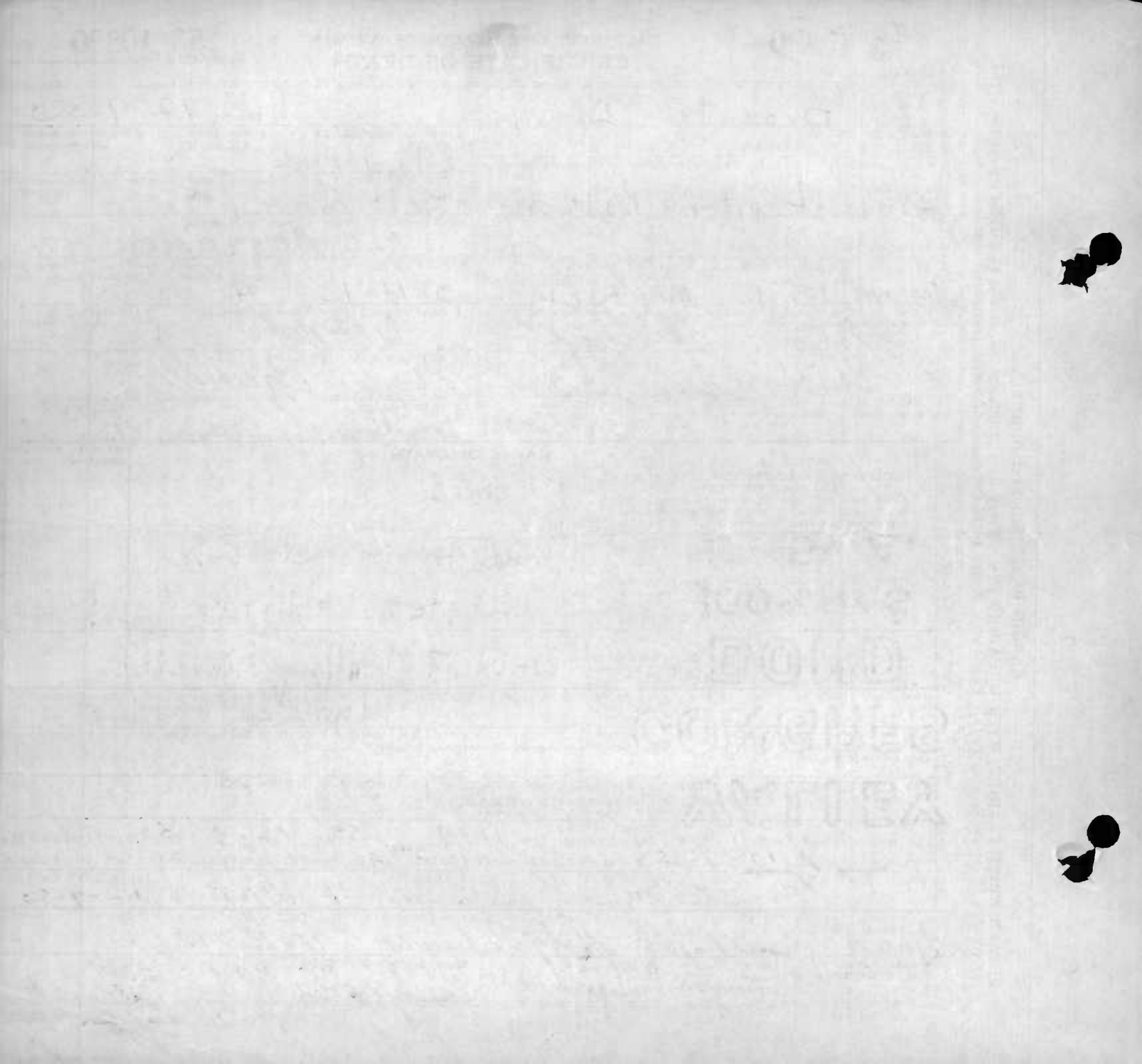
ADDRESS

2029 Calumet St

VS 150

59046

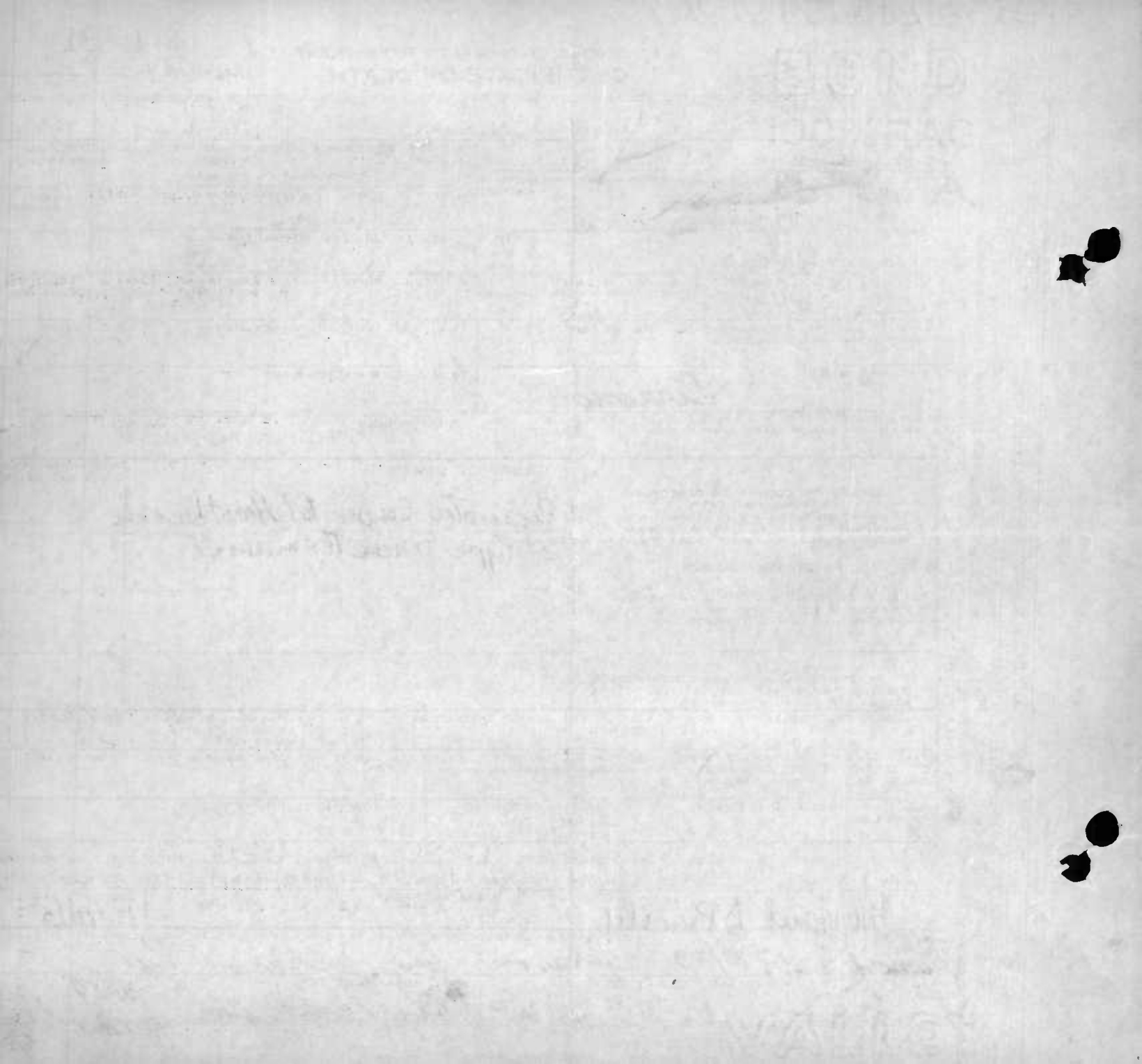
21



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-650 53 10891 Nap Res		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10891 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Patricia Perrine</i>		2. DATE OF DEATH <i>Dec. 10, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>St L 2</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Pennsylvania</i> B. COUNTY <i>V</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Sharon</i>			
33 c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>670 New Cast</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>	8. DATE OF BIRTH <i>11-28-1953</i>	9. AGE (In years last birthday)	10. Under 1 Year Months: <i>12</i> Days: <i>12</i> Hours: <i>12</i> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Perrine</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cyanotic Congenital Heart Disease</i>		CAUSE OF DEATH (A) <i>Cyanotic Congenital Heart Disease</i> DUE TO <i>Type undetermined</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>7</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>12-8</i> , 19 <i>53</i> to <i>12-10</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-10</i> , 19 <i>53</i> , and that death occurred at <i>2:45</i> p. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Margaret D. Bailey</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12/10/53</i>	
24. BURIAL, CREMATION, REMOVAL (Specify) <i>Removed</i>		24B. DATE <i>12/10/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sharon</i>	
24D. LOCATION (City, town, or county) (State) <i>Sharon Pa</i>		25. FUNERAL DIRECTOR <i>Philip Harris</i>		ADDRESS <i>2024</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 10 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		26. SIGNATURE <i>Calvin H. 31</i>	

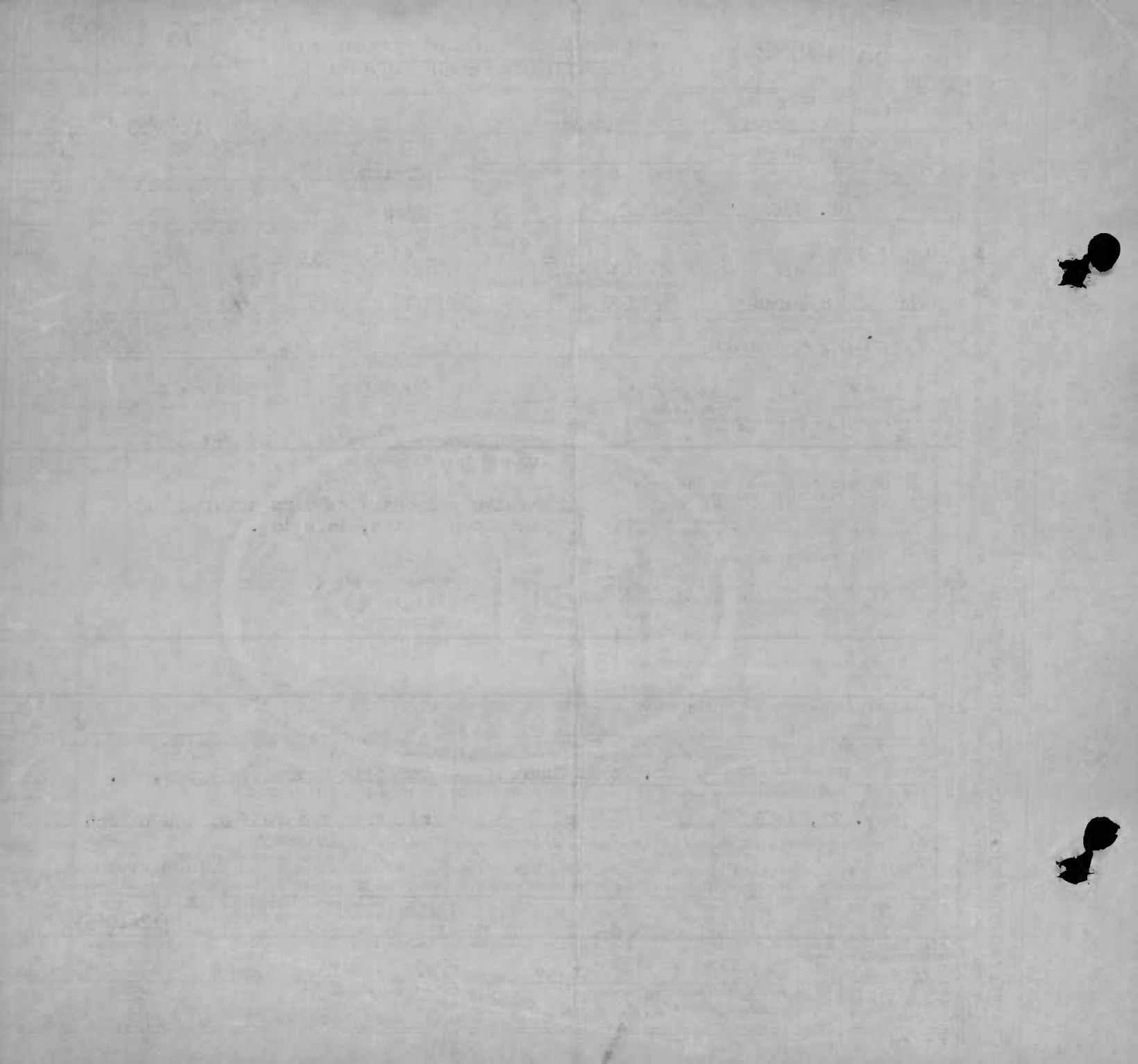


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

B-240 53 10892		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10892 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Edgar Beasley		2. DATE OF DEATH 12/9/53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore c. CITY OR TOWN Hydes (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location) BALTIMORE Co., MD.	
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		c. Length of stay in Baltimore 12 Days		5. SEX Male	
6. COLOR OR RACE colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 1, 1904	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CABETAKER - CHURCH		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 49	
13. FATHER'S NAME ROBERT C. BEASLEY		14. MOTHER'S MAIDEN NAME UNKNOWN SEWELL		11. BIRTHPLACE (State or foreign country) PROFIT, VIRGINIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. W. W. # I		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
18. E 902.61 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Massive pulmonary embolism arising in thrombophlebitis, left leg.		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) St. Johns Church		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Catholic Church in Hydes, Md.	
21D. TIME (Month) (Day) (Year) (Hour) Nov. 22, 1953		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fall from the roof of the church	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> (Specify) BURIAL		24B. DATE DEC. 12, 1953		24C. NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY	
24D. LOCATION (City, town, or county) (State) LONG GREEN, MARYLAND		25. FUNERAL DIRECTOR JOSEPH T. FOSTER		23C. DATE SIGNED 12/10/53	
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1953		REGISTRAR'S SIGNATURE W. W. Williams, M.D.		ADDRESS BEL AIR, MD.	
VS 151		N-995.0		7708PW	



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 10893**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)
DAVID DAVE WALKER
2. DATE
OF
DEATH
Dec. 8, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

a. STATE

Maryland

b. COUNTY

b. COUNTY

b. FULL NAME OF
HOSPITAL OR
INSTITUTION
South Baltimore General Hosp.

c. CITY OR TOWN

Baltimore

d. STREET ADDRESS (If rural, give location)

1020 Leadenhall Street

c. Length of stay in Baltimore

 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored
7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)
56

If Under 1 Year

Months

If Under 24 Hours

Hours

Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY
Solomon

11. BIRTHPLACE (State or foreign country)

h.c.
12. CITIZEN OF
WHAT COUNTRY?
usa

13. FATHER'S NAME

Robert Walker

14. MOTHER'S MAIDEN NAME

Mamie
15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
214-18-3651

17. INFORMANT

ADDRESS

18. **42211**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH
 DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)
(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

 DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

 II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

22a. SIGNATURE

Joseph A. Jackson

M.D.

22b. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

22c. DATE SIGNED

Dec. 8, 1953
24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Dec 12 1953

24c. NAME OF CEMETERY OR CREMATORY

W. C. Calvary Cemetery

24d. LOCATION (City, town, or county)

Albany, N.Y.
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

1575 McElroy St

CERTIFICATE OF DEATH

STATE OF TEXAS

C-200
53 10894BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10894
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles

ANDREW

COOK

2. DATE
OF
DEATH

Dec. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

313 N. Bruce St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 10, 1894

9. AGE (In years
last birthday)

59

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Cook

14. MOTHER'S MAIDEN NAME

Lucy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Orr 2339 Madison Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac decompensation

DUE TO Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Ischinger

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 8, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

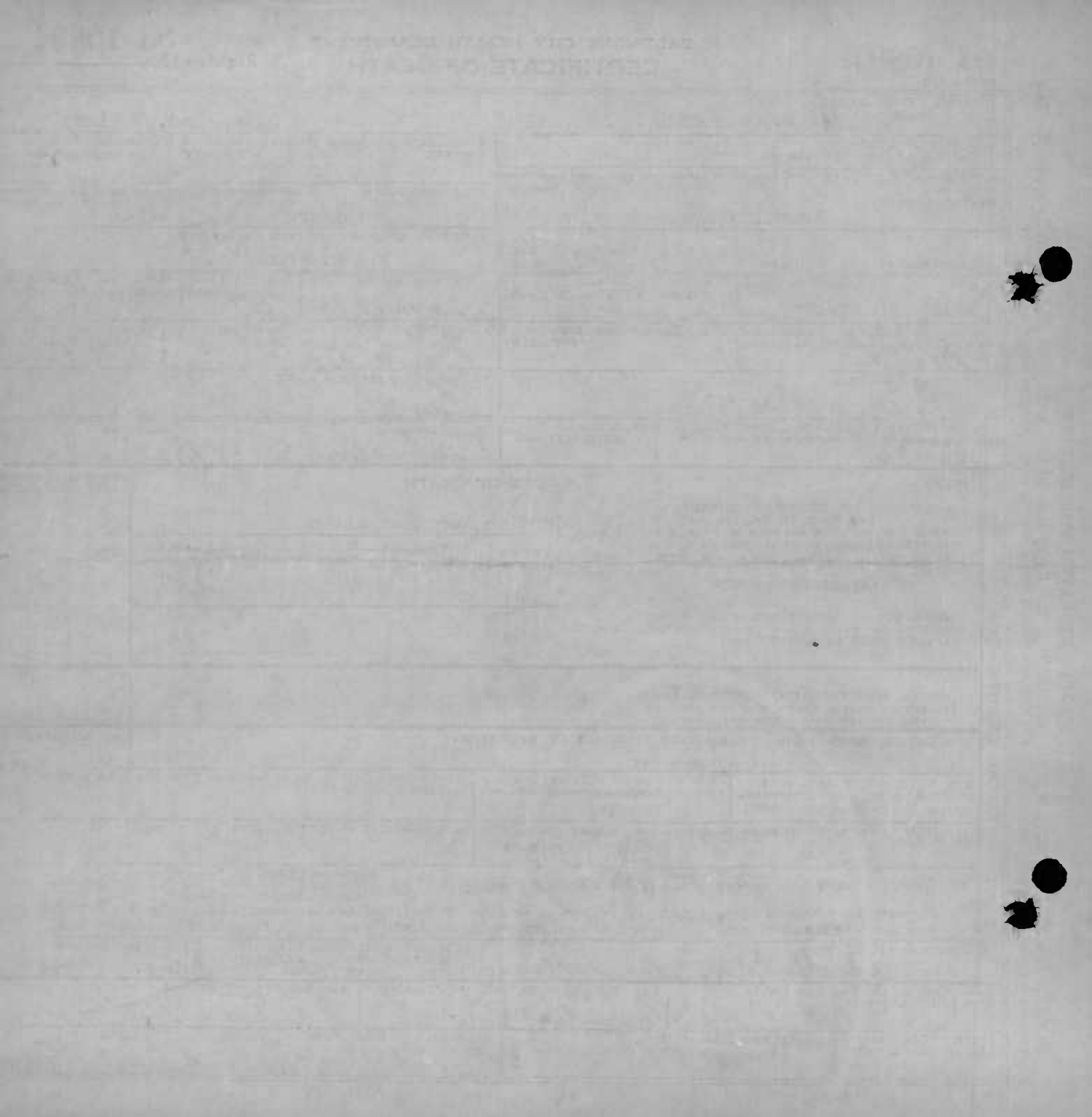
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



B-430

53 10895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10895

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Emory J. Belt</i>			2. DATE OF DEATH <i>Dec 8-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>132 Puritan St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-05</i>					
C. Length of stay in Baltimore <i>70</i>			D. STREET ADDRESS (If rural, give location) <i>732 Puritan St</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>July 29-1875</i>			9. AGE (In years last birthday) <i>78</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Developer operator</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Cotton Duck Mill</i>			11. BIRTHPLACE (State or foreign country) <i>Md</i>		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Alfred Belt</i>			14. MOTHER'S MAIDEN NAME <i>Armie R. Kaylor</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. <i>215-07-6947</i>			17. INFORMANT ADDRESS <i>Amos Belt 732 Puritan St</i>		
18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of stomach</i> (A) DUE TO			CAUSE OF DEATH <i>Carcinoma of stomach</i>			INTERVAL BETWEEN ONSET AND DEATH <i>16 mos.</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Atherosclerosis general 2 years</i>								
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Jan 10</i> 1952 to <i>Dec 8</i> 1953 that I last saw the deceased alive on <i>Dec 8</i> 1953 and that death occurred at <i>2200</i> m., from the causes and on the date stated above.								
23A. SIGNATURE <i>J. Wallenstien</i>			23B. ADDRESS <i>848 W 36th St</i>			23C. DATE SIGNED <i>12/8/53</i>		
24A. FUNERAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>			24B. DATE <i>Dec 11-53</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Wesleytown Md</i>		
24D. LOCATION (City, town, or county) (State)			25. FUNERAL DIRECTOR <i>Frank St. Seitz</i>			ADDRESS <i>814 W. 36th St</i>		

178.

F 425		Flickman		BALTIMORE CITY HEALTH DEPARTMENT		53 10896	
53 10896		BIRTH NO.		CERTIFICATE OF DEATH		Registered No. 53 10896	
1. NAME OF DECEASED (Type or Print) <i>Charles Flickman</i>				2. DATE OF DEATH <i>Dec. 9 '53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>X</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 3-01</i>			
D. STREET ADDRESS (If rural, give location) <i>230 South Spring Court</i>							
5. SEX <i>M.</i>		6. COLOR OR RACE <i>W.</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Nov. 21 '1880</i>	
9. LENGTH OF STAY IN BALTIMORE <i>life</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Gas & Electric</i>		9. AGE (in years last birthday) <i>73</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>				12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME <i>Jacob Flickman</i>				14. MOTHER'S MAIDEN NAME <i>Suzanna Deitch</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Bertholt Pooney</i>			
18. 443X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>heart failure</i>					
ANTECEDENT CAUSES		(B) <i>Hypertensive Arteriosclerotic</i>					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>cardiovascular disease</i>					
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec 8</i> , 19 <i>53</i> , to <i>Dec 9</i> , 19 <i>53</i> that I last saw the deceased alive on <i>Dec 9</i> , 19 <i>53</i> , and that death occurred at <i>1:15 p. m.</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>May W. Chang</i>		23B. ADDRESS M. D. <i>Maryland General Hosp.</i>		23C. DATE SIGNED <i>Dec 9 '53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>General</i>		24B. DATE <i>Dec 12 '53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Pk</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 10 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Austin C. Donovan</i>			



53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-362

10897

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 10897

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lusie E Peterson

2. DATE
OF
DEATH

Dec 9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

723 N 34th St

C. CITY OR TOWN (If outside corporate limits, write it, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3354 Chestnut Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 1887

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jessie Redmon

14. MOTHER'S MAIDEN NAME

Lilly Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Ernest Peterson 3354

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 week

ANTECEDENT CAUSES

(B) DUE TO

Coronary Heart Disease

1 year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1944 to Dec 9, 1953, that I last saw the deceased alive on Dec 7, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

L. Wallenath

M. D.

23B. ADDRESS

848 W 36th St

23C. DATE SIGNED

Dec 11/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Burial Dec 7-53

24C. NAME OF CEMETERY OR CREMATORY

St. Marys Hamden Baltimore Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

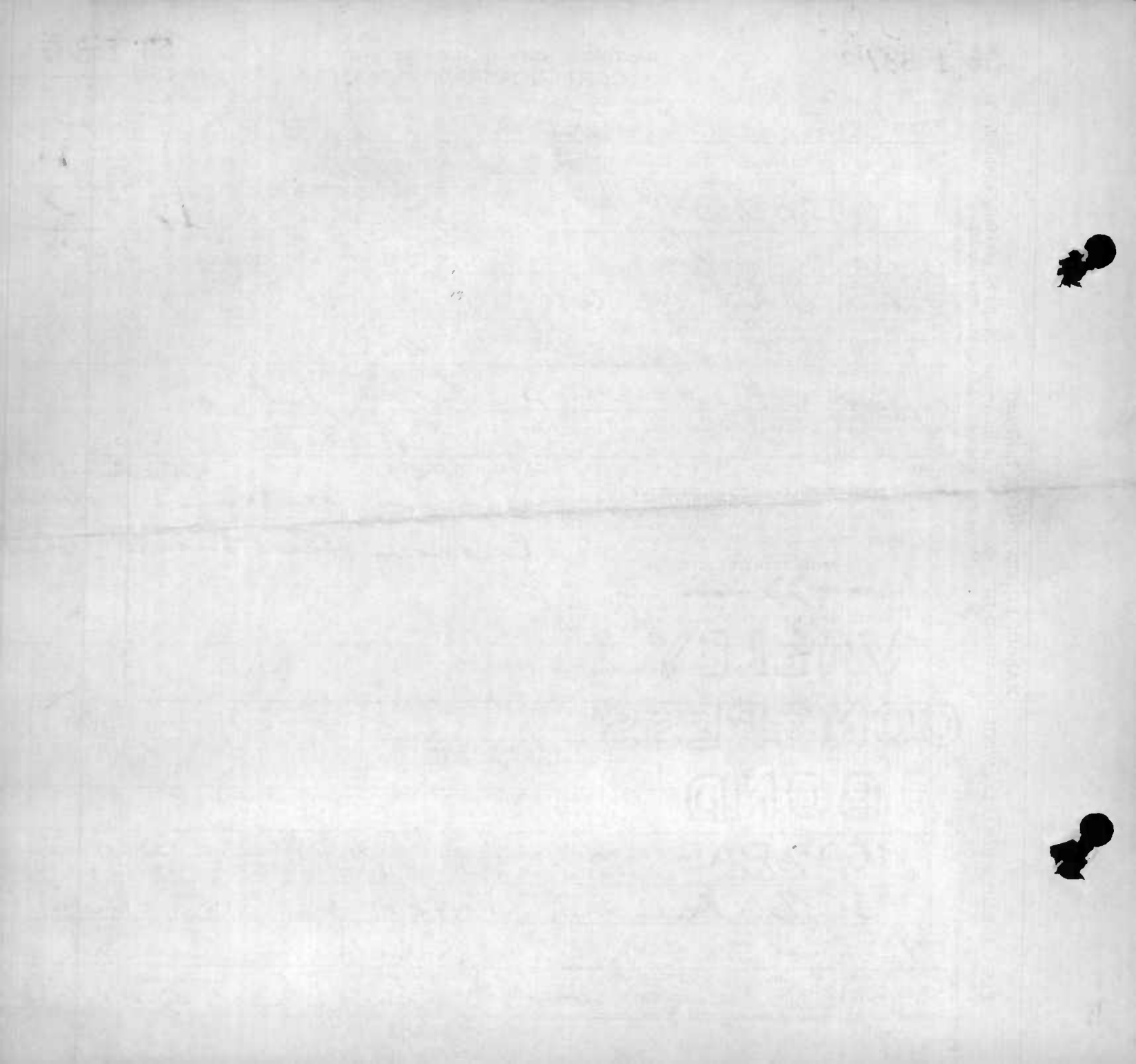
Huntington Williams

25. FUNERAL DIRECTOR

Frank Hearty 814 N 36th St

ADDRESS

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10898		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10898 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Benson, Laura		Dec. 9, 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		Maryland			
St. Joseph's Hospital		C. CITY OR TOWN		(If outside corporate limits, write RURAL and give township)	
		Baltimore			
D. STREET ADDRESS (If rural, give location)		1711 Summit Avenue			
a. Length of stay in Baltimore		Yrs.		Mos.	
		Days			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days
Female	White	Widowed	June 11, 1874	79	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Housewife		Own home	Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		ADDRESS	
? James Burns		Mary A. ?		Wm. J. Benson Sr. 529 N. Highland Av	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.			
no					
18. 172X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma of the esophagus			
ANTECEDENT CAUSES		(B) Carcinoma of the uterus			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from November 9, 1953, to December 9, 1953, that I last saw the deceased alive on Dec. 9, 1953, and that death occurred at 8:45 a. m., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
M. D.		1100 N. Caroline Street		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		12/12/53		Mt. Carmel Cem.	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)			
Baltimore		Md.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
DEC 10 1953		Huntington Williams, M.D.		John A. Moran 30008 Baltimore St	
VS 150					

NAME _____
ADDRESS _____
DATE _____

BODY TAKEN BY _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered **53 10899****53 10899**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**CHARLES CAHOON**2. DATE
OF
DEATH**12-8-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore Md.**B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE**821 China St**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md** B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
821 China St

c. Length of stay in Baltimore

20Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

Nov 24 '969. AGE (In years
last birthday)**56**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Laborer**10B. KIND OF BUSINESS OR
INDUSTRY**Construction**

11. BIRTHPLACE (State or foreign country)

Wytheville Va12. CITIZEN OF
WHAT COUNTRY?**U.S.**

13. FATHER'S NAME

Leonard Cahoon

14. MOTHER'S MAIDEN NAME

Lula Martin15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.

17. INFORMANT

Lula Cahoon

ADDRESS

18. **434.3**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Myocardial failure**
DUE TOINTERVAL BETWEEN
ONSET AND DEATH**2 wks**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **H + D of heart -**
DUE TO(C) **Post Hemiplegia****10 yrs.****2 yrs**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 4, 1953** to **Dec 8, 1953** that I last saw the
deceased alive on **Dec 8, 1953** and that death occurred at **1230 p.m.** from the causes and on the date stated above.

23A. SIGNATURE

W. H. Williams

M. D.

23B. ADDRESS

1725 Duval St

23C. DATE SIGNED

12-8-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

12/12/1953

24C. NAME OF CEMETERY OR CREMATORY

W. H. Williams Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

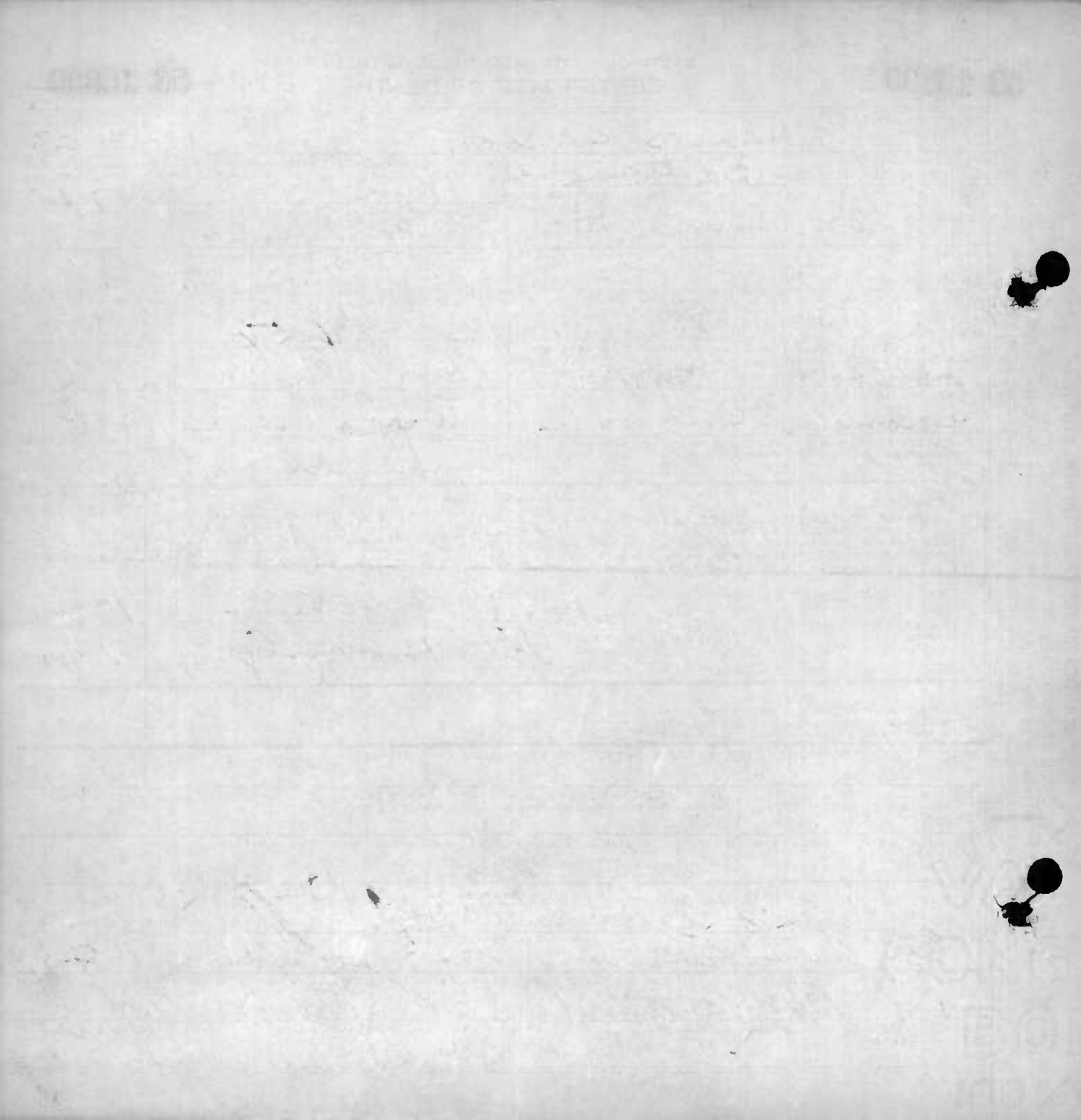
W. H. Williams

25. FUNERAL DIRECTOR

W. H. Williams

ADDRESS

3224 Schroeder St**DEC 10 1953****97024**



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10900
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PERCY GILMER

2. DATE OF DEATH
Dec. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write U.S. and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
16-03
1009 N. Fulton Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 25, 1909

9. AGE (in years last birthday)

43

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Greensboro N.C.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Fred Gilmer

14. MOTHER'S MAIDEN NAME

Patty Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Gene Dorsey

ADDRESS

172 E W. Franklin St

18. E 816.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary embolus

DUE TO secondary to 2nd & 3rd degree burns of 85-90% of lower extremities

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Pratt and Monroe Sts. 20/3

21D. TIME (Month) (Day) (Year) (Hour)

Nov. 19, 1953 8:10 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Driver of truck in collision with auto

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jackson Jr. M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
Dec. 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/12/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county)

MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 10 1953

REGISTRAR'S SIGNATURE

Huntington

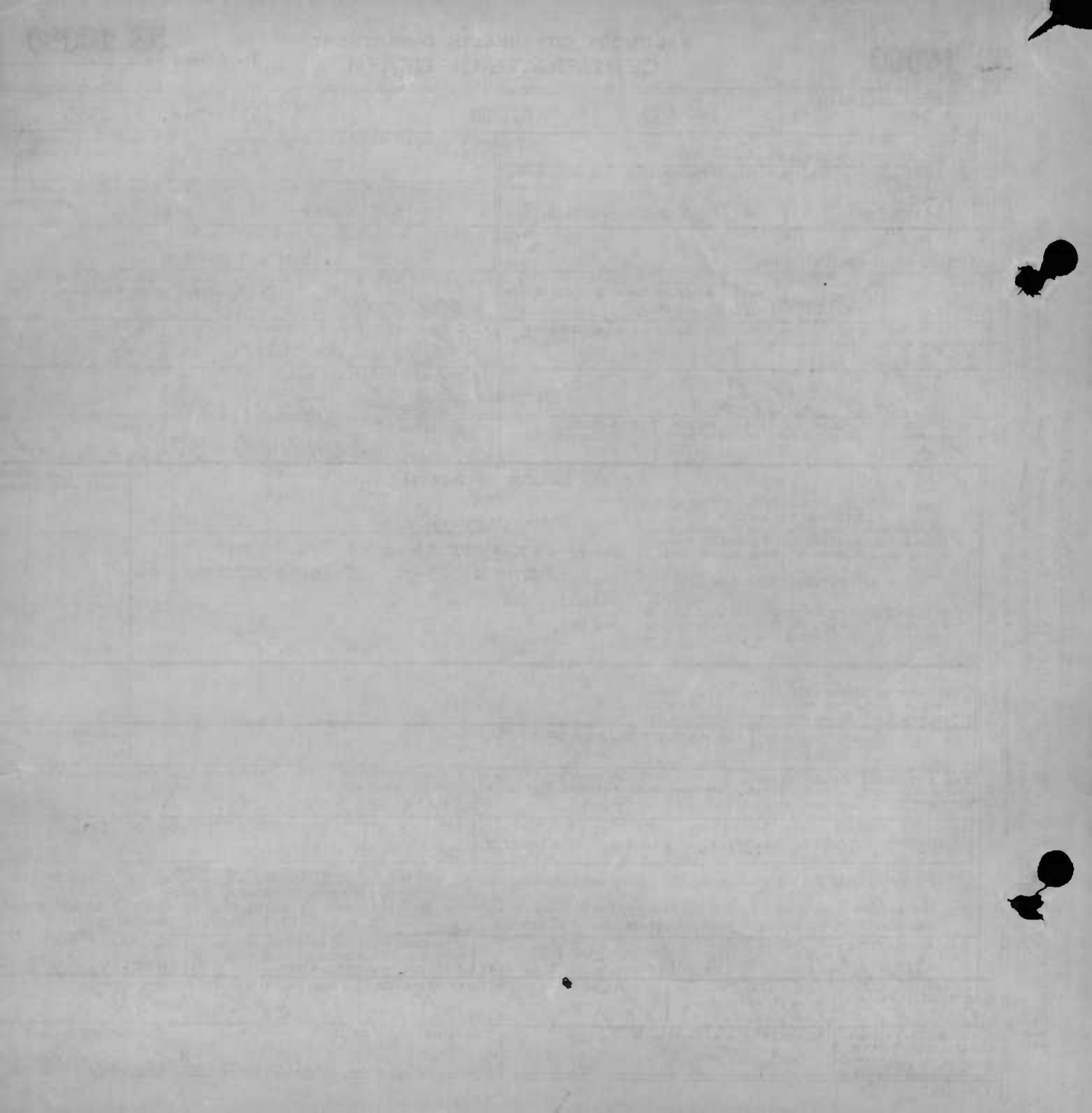
25. FUNERAL DIRECTOR

Mrs. Katie R. Williams Schroeder St.

VS 151

N 948.2

68395



A-140
53 10901BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10901
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES

APPEL

2. DATE
OF
DEATH Dec. 10, 19533. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

625 S. Clinton St.

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 21, 1890

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days

5 20

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist Wash. Steel Corp.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Conrad Appel

14. MOTHER'S MAIDEN NAME

Anna Mansel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

16. SOCIAL
SECURITY NO.

213-540924

17. INFORMANT

Mrs. Margaret Merrill 4214 McAllister

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

12/10/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 12, 1953

24C. NAME OF CEMETERY OR CREMATORY

Medawald Park Cem.

24D. LOCATION (City, town, or county)

Howard Co. Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 10 1953

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Edward H. Conklin

ADDRESS

724 E. Eager St.

V S 151

5443A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10001 50

10001 50

10001 50



H-300
53 10902

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10902

1. NAME OF DECEASED (Type or Print) GILMAN H. HOOD			2. DATE OF DEATH 12/9/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admision) A. STATE Maryland B. COUNTY 15-06		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 46 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2954 W. North Ave.		
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 27, 1917	9. AGE (In years last birthday) 36	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel		
11. BIRTHPLACE (State or foreign country) Balto. Md.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Walter Hood			14. MOTHER'S MAIDEN NAME Alice Hoffman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes World #2			16. SOCIAL SECURITY NO. 217-05-3819		
17. INFORMANT Mrs. Gertrude D. Hood			ADDRESS Above		

18. 343X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Encephalitis with Bronchopneumonia Aspiration of mucus		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. F. Fisher</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 12/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/12/53	24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park	24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1953	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. J. Fisher - Lou Lou Balto Md</i>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Dr. W. Tull called.

Lutheran Hospital. Patient was D.O.A. Hospital.

Then spoke to Dr. Fisher who had
tried on cause. No findings, the
sound true. Set up as ~~staphylococcus~~ *staphylococcus*.

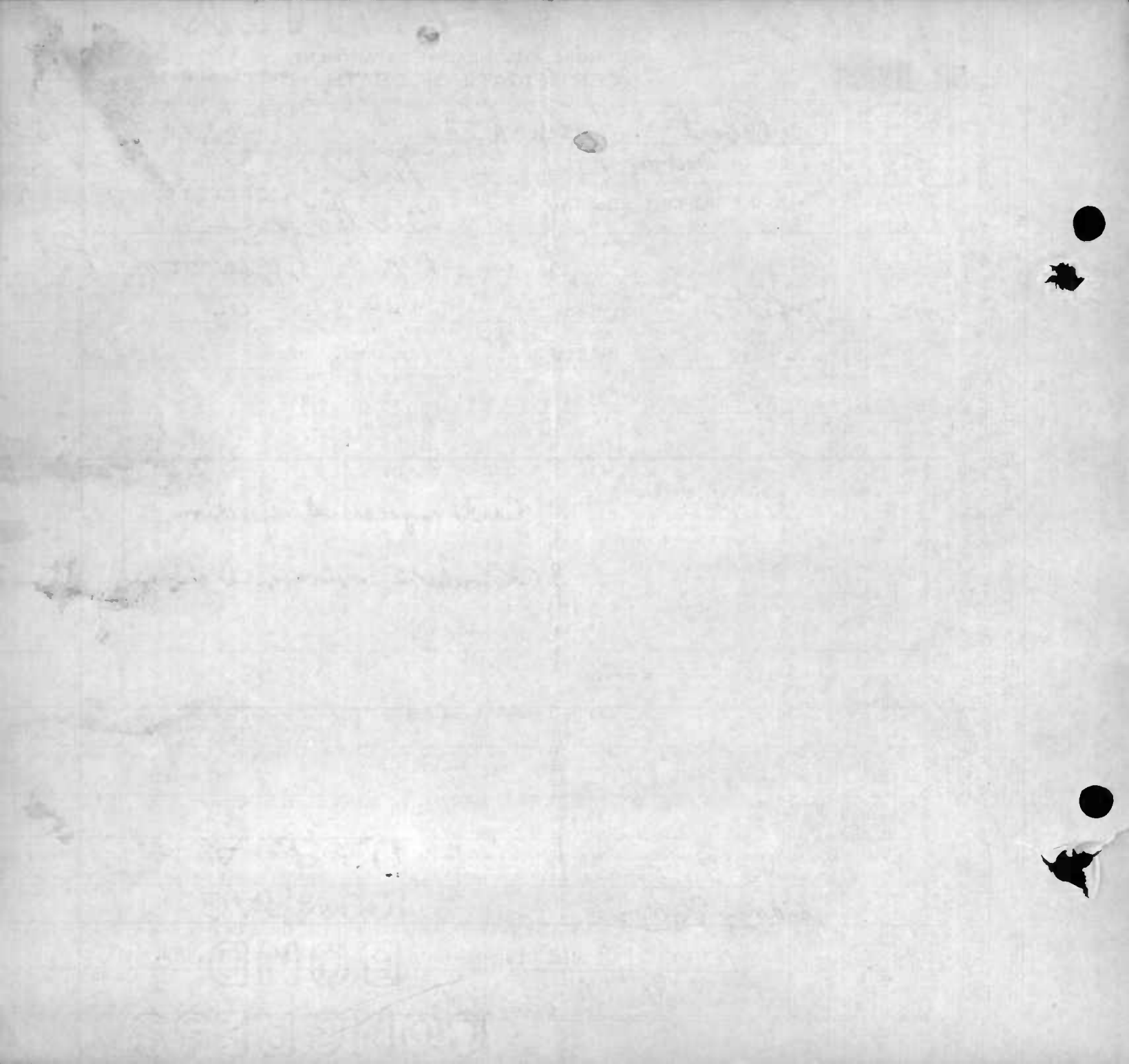
1/11/54. ES

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-162
53 10903BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10903
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Albert C. Hofrichter		Dec-9-1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Md		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
JOHNS HOPKINS HOSPITAL		Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
33		4416 Howard Rd			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
male	white	Married	5-24-187	66	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Realtor - Self		Real Estate		Cleveland, Ohio	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Joseph A. Hofrichter		Julia Roeshouse		USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No		?		JOHNS HOPKINS HOSPITAL	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.1		Acute myocardial infarction			
ANTECEDENT CAUSES		Atherosclerotic cardiovascular disease			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec-9-1953, to Dec-9-1953, that I last saw the deceased alive on Dec 9, 1953, and that death occurred at 10:54 p.m., from the causes and on the date stated above					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Sidney Roston		JOHNS HOPKINS HOSPITAL			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Entombment		12/12/53		Druid Ridge Cemetery	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
Pikesville, Md.		Pikesville, Md.		Pikesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
DEC 10 1953		Huntington Williams, M.D.		Wm. C. Walker & Sons Inc. Balto Md	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

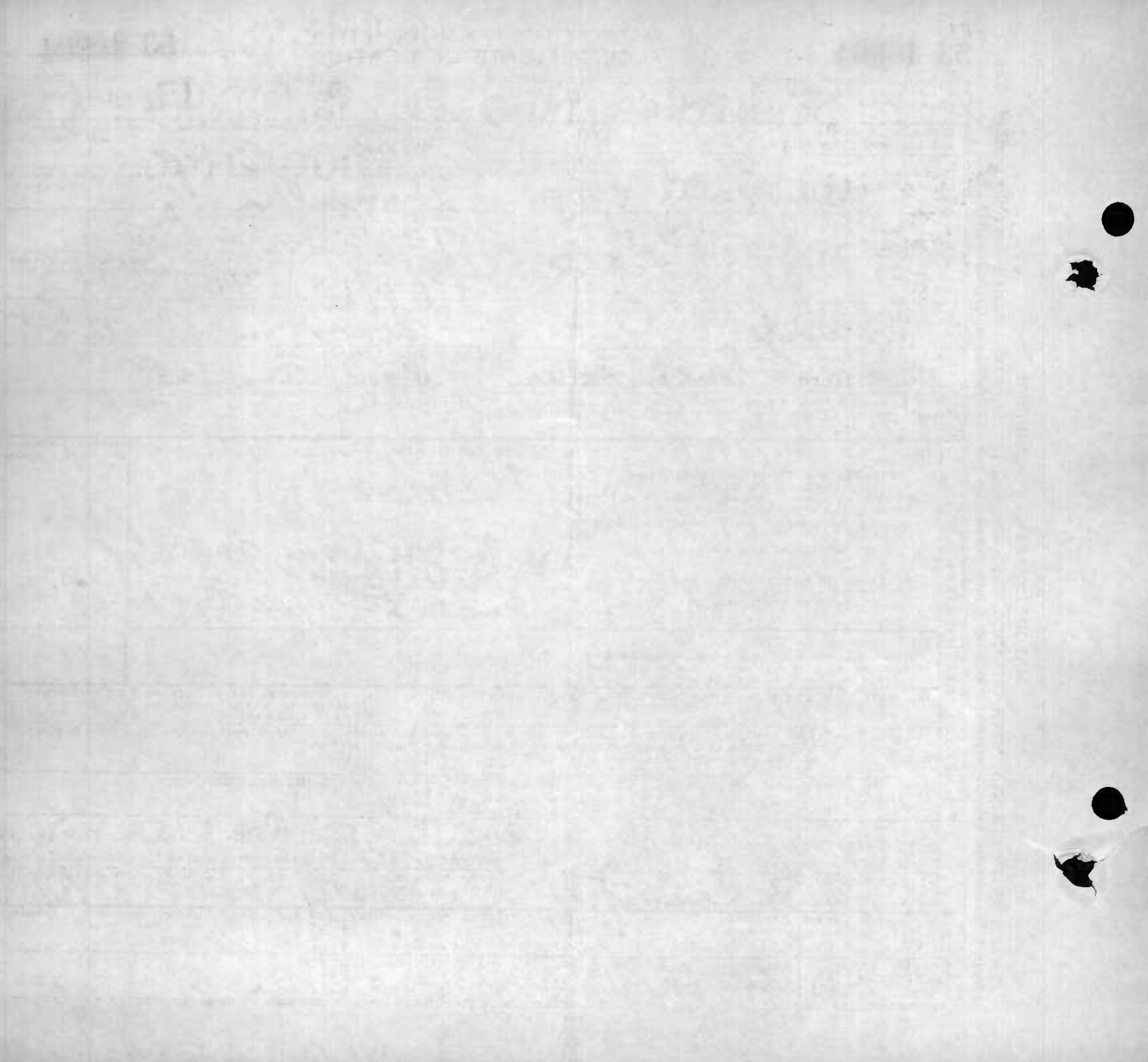
5-532
53 10904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10904

1. NAME OF DECEASED (Type or Print) SEHNITKER, MILDRED C.			2. DATE OF DEATH December 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md. COUNTY Balto.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burndalk		
D. LENGTH OF STAY IN BALTIMORE Life Yrs. Mos. Days			E. STREET ADDRESS (If rural, give location) 7003 Dunmanway		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8/18/13	9. AGE (In years last birthday) 40	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)			11. BIRTHPLACE (State or foreign country)		
Housewife			Maryland		
13. FATHER'S NAME Wilford Buchsbaum			14. MOTHER'S MAIDEN NAME Hera Amendt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS		

18. 260 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH Chemia			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES			(A) DUE TO Inter capillary glomerular sclerosis					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO Diabetes, Hypertension					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Dec. 1, 1953 to Dec 9, 1953 , that I last saw the deceased alive on Dec 9, 1953 and that death occurred at 11:55 P. , from the causes and on the date stated above.								
23. SIGNATURE John B. Colington M. D.				23B. ADDRESS University Hospital		23C. DATE SIGNED 12/9/53		
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/12/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) Balto md		
DATE RECEIVED BY LOCAL REGISTRAR DEC 10 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Zekow - Son Inc		ADDRESS Balto md		



L-120
53 10905BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10905
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Elizabeth Blaney Preezy</i>			2. DATE OF DEATH <i>Dec. 9 - 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY					
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>2813 N. Calvert St</i>			6. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore</i>					
c. Length of stay in Baltimore <i>66</i> Yrs. Mos. Days			7. STREET ADDRESS (If rural, give location) <i>2813 N. Calvert Street</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8 May 1870</i>	9. AGE (In years last birthday) <i>83</i>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>					
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					
13. FATHER'S NAME <i>Geo. Washington Blaney</i>			14. MOTHER'S MAIDEN NAME <i>Sarah Jane Nagle</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO.					
17. INFORMANT <i>Mrs. Martha E. Dukehart - Balto. Md.</i>			ADDRESS					

18. <i>442X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
A. <i>Branchio pneumonia</i>		(A) <i>Arteriosclerotic cardio</i>		<i>3 days</i>	
B. <i>Vascular renal disease</i>		(B) <i>5 yrs.</i>			
C. <i></i>		(C) <i></i>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					

II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Nov. 17, 1953*, to *Dec. 9, 1953*, that I last saw the deceased alive on *Dec. 8, 1953*, and that death occurred at *3:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Lloyd E. Saylor</i>	23B. ADDRESS <i>3902 Greenmount av.</i>	23C. DATE SIGNED <i>Dec. 9, 1953</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec. 11, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Bakers cemetery</i>
24D. LOCATION (City, town, or county) <i>Abertown, Md.</i>	24E. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 10 1953</i>	24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>
24G. FUNERAL DIRECTOR <i>John E. Tarring</i>	24H. ADDRESS <i>Abertown, Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2000 82

2000 82



K-422

53 10906

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10906
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs Mary Klick</i>			2. DATE OF DEATH <i>12/10/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>X</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bon Secours Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-54</i>		
D. STREET ADDRESS (If rural, give location) <i>7921 Wilbur Ave</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. <i>3 1/2</i> Mos. <i>5</i> Days <i>0</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>9/16/1894</i>		9. AGE (In years last birthday) <i>59</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeping</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>
13. FATHER'S NAME <i>John Ulbrin</i>			14. MOTHER'S MAIDEN NAME <i>Anne Sprack</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS

18. <i>157x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Pancreas</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 1/2 mo</i>
DUE TO <i>with metastases to Lungs & Acute Pulmonary Edema</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>11/5/53</i>		19B. MAJOR FINDINGS OF OPERATION <i>Neoplasm of Pancreas</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/13</i> , 19 <i>53</i> , to <i>12/10</i> , 19 <i>53</i> that I last saw the deceased alive on <i>12/14</i> , 19 <i>53</i> and that death occurred at <i>1:39</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert Lee Lenn</i>		23B. ADDRESS <i>Bon Secours Hosp</i>		23C. DATE SIGNED <i>12/10/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>?</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Shamokin, Pa.</i>	
24D. LOCATION (City, town, or county) (State) <i>Shamokin, Pa.</i>		25. FUNERAL DIRECTOR <i>George A. Weber</i>		ADDRESS <i>705 S. Ann St.</i>	

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-10-01 BY 60322 UCBAW/STP

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W-222
53 10907BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10907
Registered No.

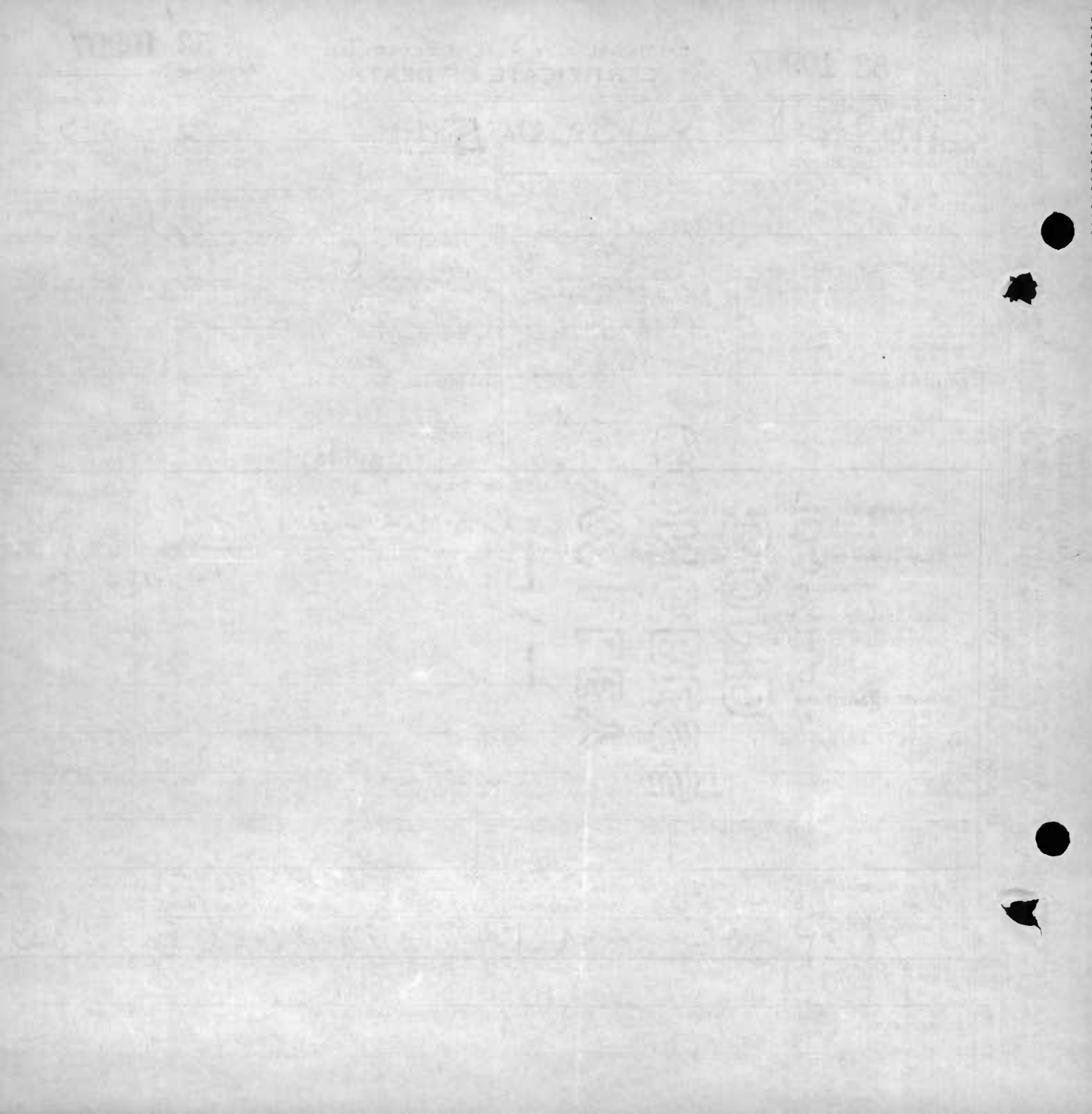
BIRTH NO.			1. NAME OF DECEASED (Type or Print) Michael Wishiewski			2. DATE OF DEATH 12-10-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION Lark Hill Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.					
C. Length of stay in Baltimore 45 yrs.			D. STREET ADDRESS (If rural, give location) 1631 Lancaster St.					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 8-1878			9. AGE (In years last birthday) 75		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sexton Church			10B. KIND OF BUSINESS OR INDUSTRY Sexton Church			11. BIRTHPLACE (State or foreign country) Germany		
13. FATHER'S NAME Wishiewski			14. MOTHER'S MAIDEN NAME Bertha			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT ADDRESS Victoria Hartman 1631 Lancaster		

MEDICAL CERTIFICATION

18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiovascular renal disease		CAUSE OF DEATH (A) Cardiovascular renal disease	INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Cardiovascular renal disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 4 , 19 53 , to Dec. 10 , 19 53 , that I last saw the deceased alive on Nov. 4 , 19 53 , and that death occurred at 6:55 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE R. P. Johnson		23B. ADDRESS 403 Medford Bldg.		23C. DATE SIGNED 12-10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 11-53		24C. NAME OF CEMETERY OR CREMATORY Ivy Hill Cem.	
24D. LOCATION (City, town, or county) (State) Upperville Va.		25. FUNERAL DIRECTOR Reigel Bros.		ADDRESS 1800 E. Lombard Sts.	

DEC 11 1953
VS 1501
Huntington Williams, Jr.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Baltimore City Health Department				53 10908	
Certificate of Death				Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Joseph R. M^e Caleb</i>				2. DATE OF DEATH <i>Dec. 9/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2752 W. Mosher St.</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-06</i>	
C. Length of stay in Baltimore <i>45 yrs.</i>				D. STREET ADDRESS (If rural, give location) <i>2752 W. Mosher St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 31-1877</i>		9. AGE (In years last birthday) <i>76</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i>			10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>
13. FATHER'S NAME <i>Thomas J. M^e Caleb</i>			14. MOTHER'S MAIDEN NAME <i>Ella S. Wynn</i>		12. CITIZEN OF WHAT COUNTRY? —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>213-20-1320 B</i>		17. INFORMANT <i>Mr. Emma M^e Caleb</i>
18. <i>331X</i>			CAUSE OF DEATH <i>Cerebral hemorrhage</i>		ADDRESS <i>2752 W. Mosher St.</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>7 hrs.</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/8</i> , 19 <i>53</i> to <i>12/9</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/9</i> , 19 <i>53</i> , and that death occurred at <i>9⁰⁰</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert A. Reiter</i>			23B. ADDRESS <i>3408 Windsor Ave.</i>		23C. DATE SIGNED <i>12/10/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/12/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>Philip Herwig Sons</i>		ADDRESS <i>2024 Orleans St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 11 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY OF THE UNITED STATES OF AMERICA



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10909		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10909 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Irene Lillian Lowe				2. DATE OF DEATH Dec. 8, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2608 Garrett Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-07		
C. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2608 Garrett Ave.		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 26, 1901	9. AGE (In years last birthday) 52	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At. Home	11. BIRTHPLACE (State or foreign country) Calvert County Md.		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME John Alton			14. MOTHER'S MAIDEN NAME Nettie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT 1718 Abbottston St. 18 Mr Robert C. Lowe		
18. 443X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-Vascular Hemorrhage (A) DUE TO ANTECEDENT CAUSES Hypertensive Cardiovascular Disease (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) INTERVAL BETWEEN ONSET AND DEATH 5 hours 4 years					
11 OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1949, 19, to Dec. 8, 1953, that I last saw the deceased alive on Dec. 8, 1953, and that death occurred at 8:45 A. m., from the causes and on the date stated above					
23A. SIGNATURE Joy M. Zimmerman		23B. ADDRESS 2058 Harford Rd		23C. DATE SIGNED Dec. 9, 53	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 12/11/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		25. FUNERAL DIRECTOR Henry Sander & Sons Inc. Baltimore Maryland			
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1953		REGISTRAR'S SIGNATURE Buntington Williams			
VS 150					

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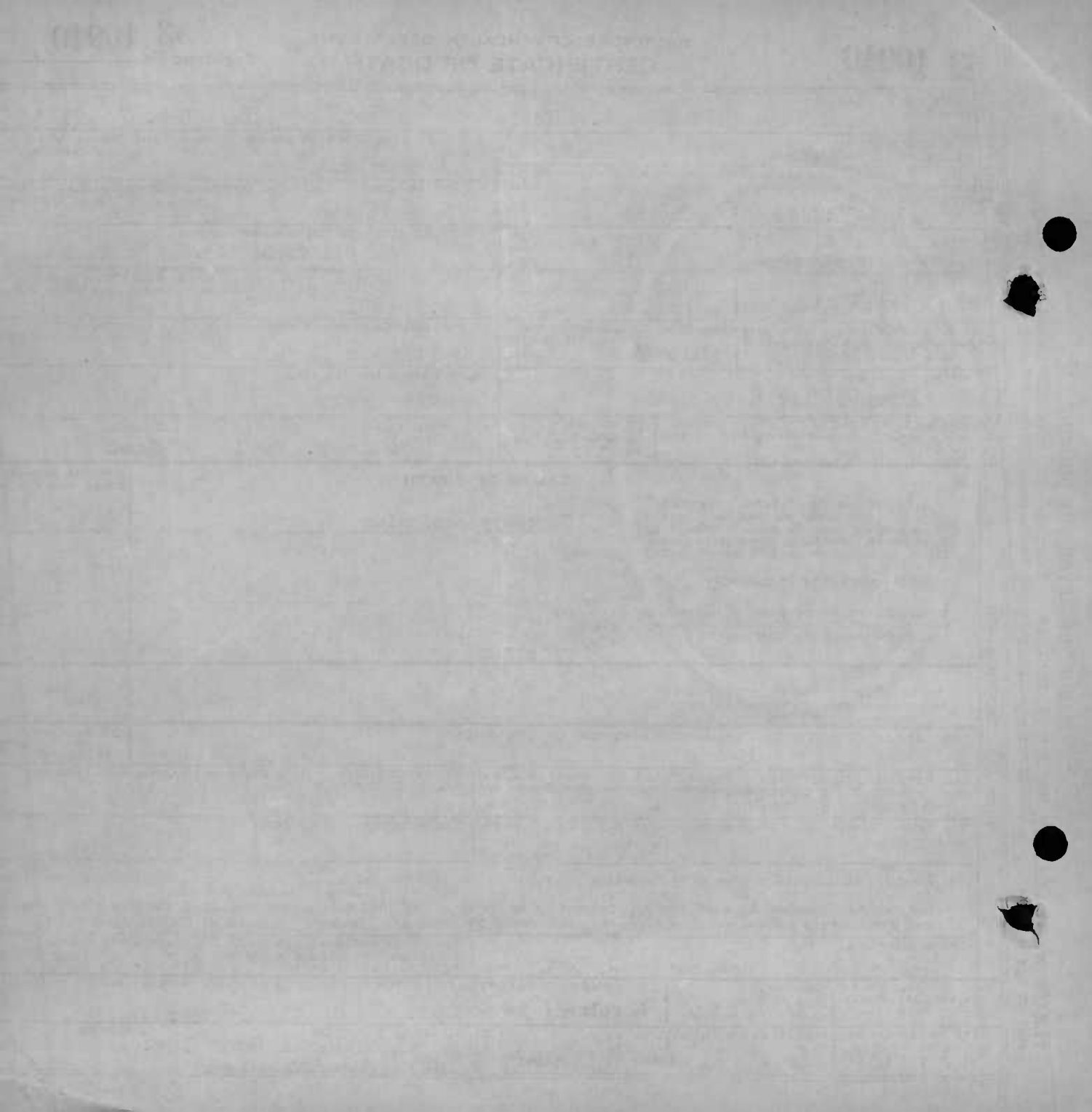
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10910
Registered No.53 10910
BIRTH NO.

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
CHARLES E. DAVIS			Dec. 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			A. STATE Maryland		
C. Length of stay in Baltimore Life			B. COUNTY		
5. SEX Male			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. COLOR OR RACE White			D. STREET ADDRESS (If rural, give location) 3212 Clifmont Ave.		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Aug. 9, 1901		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			9. AGE (In years last birthday) 52		
10B. KIND OF BUSINESS OR INDUSTRY Ship Yard			11. BIRTHPLACE (State or foreign country) Baltimore Maryland		
13. FATHER'S NAME Edward Davis			12. CITIZEN OF WHAT COUNTRY? USA.		
14. MOTHER'S MAIDEN NAME Minnie Lewis			17. INFORMANT Mrs Sophia E. Davis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. 215-03-3721		
17. ADDRESS Same					

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH		
(A) DUE TO					
ANTECEDENT CAUSES					
(B) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
22A. SIGNATURE Joseph A. Jarhimey		22B. CHIEF MEDICAL EXAMINER M.D.		22C. DATE SIGNED Dec. 8, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/11/53		24C. NAME OF CEMETERY OR CREMATORY Moreland Park Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		24E. FUNERAL DIRECTOR Henry Sander & Sons Inc.		24F. ADDRESS Baltimore Maryland	
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Henry Sander & Sons Inc.	
VS 151		5153U		Sear & Sander	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10911
Registered No.H-120
53 10911
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LESTER B. HEAPS			2. DATE OF DEATH December 9, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 2259 Cecil Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 8, 1894		9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Penn. Railroad	11. BIRTHPLACE (State or foreign country) Rocks Maryland		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME William Heaps			14. MOTHER'S MAIDEN NAME Kate Boughter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 717-07-6144	17. INFORMANT ADDRESS Mrs Pauline A. Heaps (Same)		

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive and arteriosclerotic**- DUE TO **cardiovascular disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Fatty metamorphosis of liver**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

M.D.

23b. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

Dec. 9, 195324a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE

12/12/53

24c. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24d. LOCATION (City, town, or county) (State)

Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

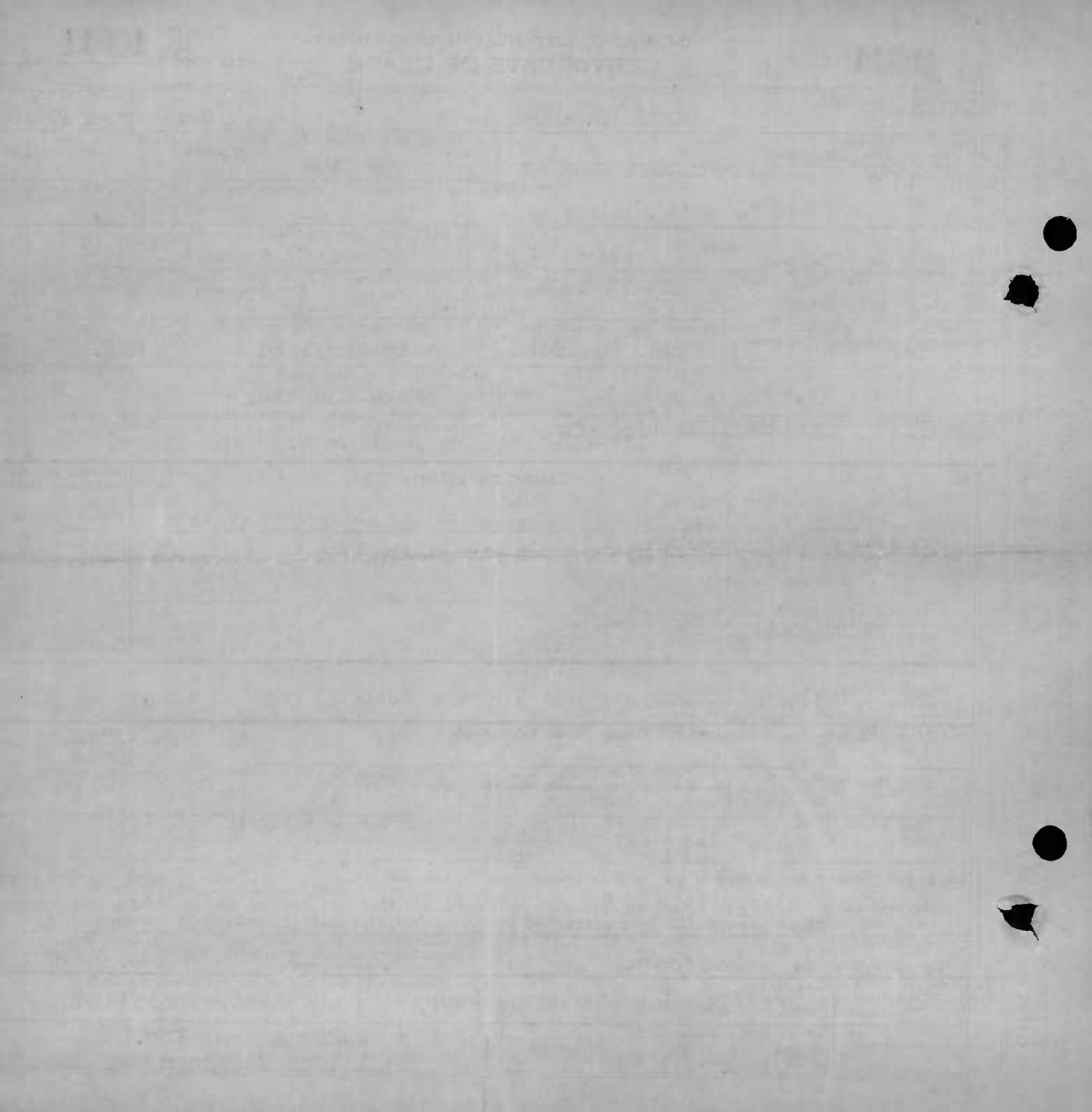
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Henry Sander & Sons Inc.

ADDRESS

Baltimore Maryland



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10912
Registered No.

53 10912

1. NAME OF DECEASED (Type or Print) William H. Lyles		2. DATE OF DEATH Dec. 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1309 Mosher St.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1309 Mosher St.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 30, 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME John W. Lyles		14. MOTHER'S MAIDEN NAME Carrie Berry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Bertha Lyles		ADDRESS 1309 Mosher St.	

18. 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Apoplexy DUE TO Hypertension DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Cerebral Apoplexy Hypertension II		INTERVAL BETWEEN ONSET AND DEATH 1 day 4 weeks	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-20 , 19 53 , to 12-9 , 19 53 , that I last saw the deceased alive on 12-9 , 19 53 , and that death occurred at 8 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Wm. Leroy Berry		23B. ADDRESS 1430 E. Chase St.		23C. DATE SIGNED 12-10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-12-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Huntington Williams, Jr.		24F. ADDRESS 578 W. Biddle St.	

1951

VAN DYKE

CONTRACT

1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10913**BIRTH NO. **53 10913**1. NAME OF DECEASED
(Type or Print) **Alfred Dewey Seipp**2. DATE OF DEATH **Dec. 9, 1953**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 24-01**Maryland General Hospital**D. STREET ADDRESS (If rural, give location)
1510 Lathrop Park TerraceC. Length of stay in Baltimore **Life**Yrs.
Mos.
Days5. SEX **M**6. COLOR OR RACE **W**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed8. DATE OF BIRTH
June 16, 18989. AGE (in years last birthday)
55If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Postal clerk

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF WHAT COUNTRY?
U.S.A.13. FATHER'S NAME
George Seipp14. MOTHER'S MAIDEN NAME
Elizabeth Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Aileen Ruth 3506 Horton Ave.18. **420.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Coronary Occlusion**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH
2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from **Dec. 9**, 19**53**, to **Dec. 9**, 19**53**, that I last saw the deceased alive on **Dec. 9**, 19**53**, and that death occurred at **9:50 P.** m., from the causes and on the date stated above.23A. SIGNATURE
Valeriana B. Castells

M. D.

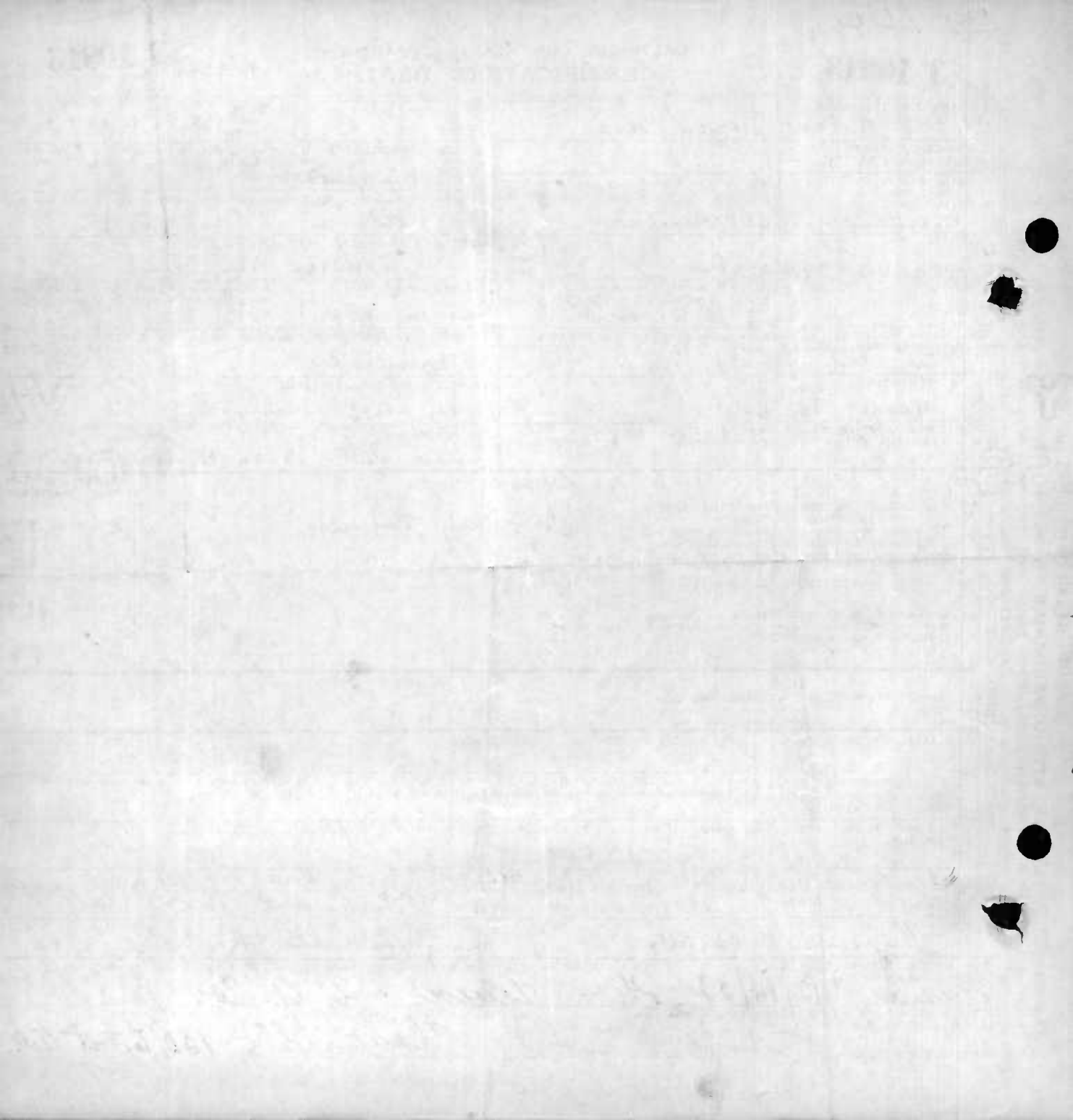
23B. ADDRESS
Maryland General Hospital23C. DATE SIGNED
12/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
12/14/5324C. NAME OF CEMETERY OR CREMATORY
St. Alex. Deven24D. LOCATION (City, town, or county)
A. A. Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR
DEC 11 1953REGISTRAR'S SIGNATURE
Huntington Williams, MD25. FUNERAL DIRECTOR
Chas. F. WillADDRESS
1506 Fort Ave.



D-545

53 10914

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10914
Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Margaret Mary Doemling			2. DATE OF DEATH Dec. 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4404 Valley View Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-02		
C. Length of stay in Baltimore Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) 4404 Valley View Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr. 10, 1867	9. AGE (In years last birthday) 86	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10B. KIND OF BUSINESS OR INDUSTRY			14. MOTHER'S MAIDEN NAME Magdaline		
13. FATHER'S NAME Adam Michel			17. INFORMANT ADDRESS Miss Margaret B. Doemling, same		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastasis of Ca of Breast DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH —					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 1, 1946 , to Dec 10, 1953 , that I last saw the deceased alive on Dec 8, 1953 , and that death occurred at 4:20 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE L. B. Stevens M. O.			23B. ADDRESS 3900 E. Luman		23C. DATE SIGNED 12/10/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 14, 1953	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Leonard J. Luck ADDRESS 5305 Harford Road.	

Dr. Stevens
2400 Erdman Ave.

53 10915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10915
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Margaret Mary Poske

2. DATE
OF
DEATH

Dec. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

2702 Gibbons Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

2702 Gibbons Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 23, 1889

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Peter Bartel

14. MOTHER'S MAIDEN NAME

Caroline Drumm

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Erma P. Eckels, 3114 Gibbons

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cecal metastasis of adenocarcinoma 2 mos.
DUE TO sigmoid colon.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Adenocarcinoma of sigmoid colon 6 mos.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Oct 6, 1952, to Dec 8, 1953, that I last saw the
deceased alive on Dec 8, 1953, and that death occurred at 11:35 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

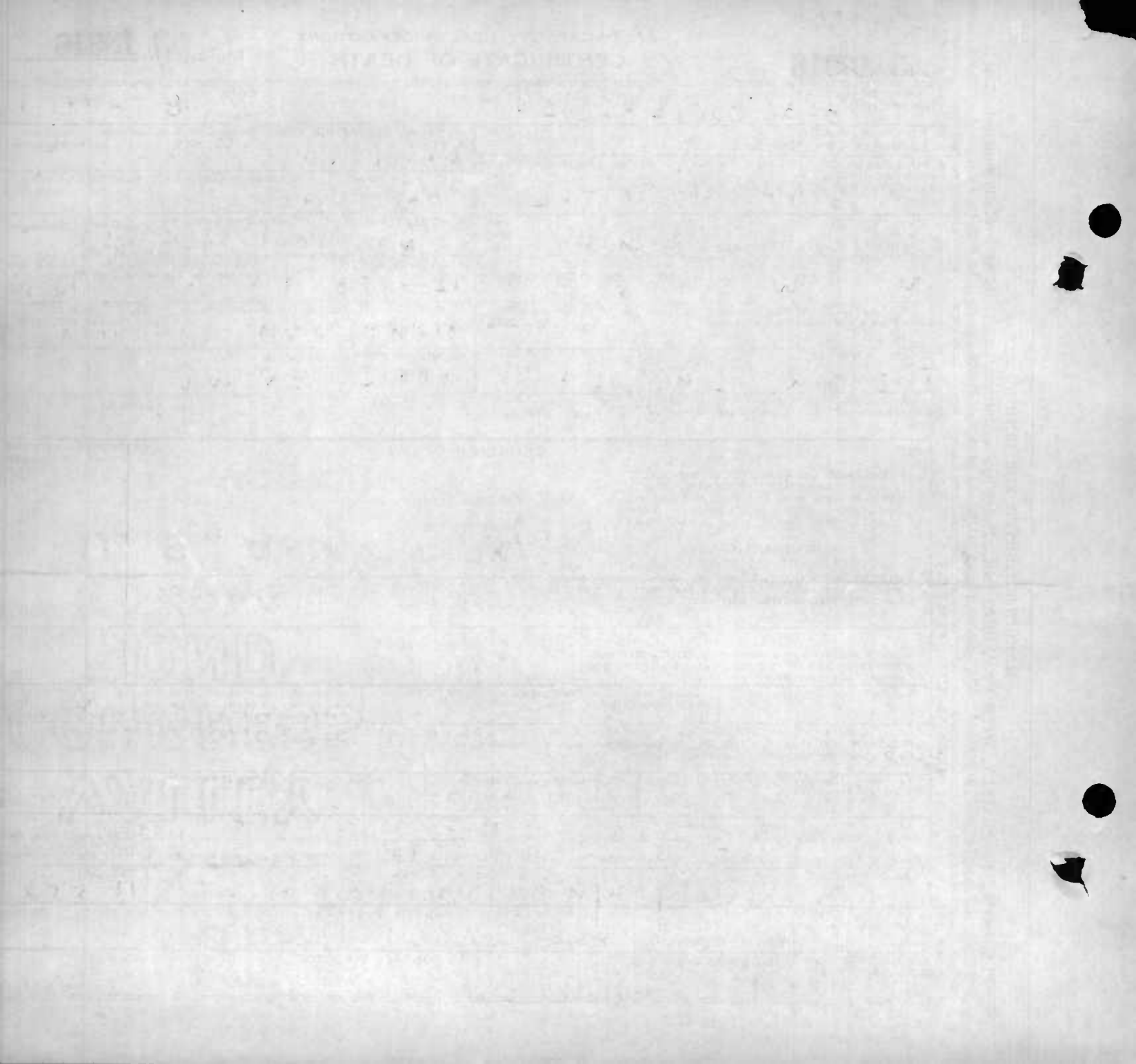
Burial Dec. 14, 1953 Loudon Park Cem Baltimore, Maryland
DEC 11 1953 *William J. Williams* *Leonard J. Ruck* 5305 Harford Road.

Dr. Osborne
5600 Harford Road
9-10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				X 53-10916	
53-10916 53-29563				Registered No. 10916	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) BABY BOY LASCOLA			2. DATE OF DEATH 12-5-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SINAI HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
42 C. Length of stay in Baltimore 20 hrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) SINAI HOSPITAL - 1204 Overbrook Road		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH 12-4-53	9. AGE (In years last birthday) Months Days Hours Min. 19 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME THEODORE LASCOLA				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				14. MOTHER'S MAIDEN NAME MARIE BROWN	
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS	
18. 776X I CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)					
(A) DUE TO					
ANTECEDENT CAUSES					
(B) DUE TO PREMATURITY					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 12-4- , 19 53 , to 12-5 , 19 53 , that I last saw the deceased alive on 12-5 , 19 53 , and that death occurred at 9 a. m., from the causes and on the date stated above.			
23A. SIGNATURE Dr. Leonard J. Beck		23B. ADDRESS Sinai Hospital, Balto.		23C. DATE SIGNED 12-5-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 11-1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cms	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Leonard J. Beck		ADDRESS 5305 Harford Rd	
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1953		REGISTRAR'S SIGNATURE Huntington Williams			



F-424

53 10917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10917

Registered No. _____

BIRTH NO

1. NAME OF DECEASED
(Type or Print)

FRANK C. FLAGLE

2. DATE
OF
DEATH

12-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 18 27-09

D. STREET ADDRESS (If rural, give location)

1509 Kingsway Rd.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE ☒ MARRIED
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-16-06

9. AGE (In years last birthday)

47

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bus Driver

10B. KIND OF BUSINESS OR INDUSTRY

Transit Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Flagle

14. MOTHER'S MAIDEN NAME

Mary Ranniger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-95-9311

17. INFORMANT

Self Flagle 1509 Kingsway

ADDRESS

18. 180X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

Transitional cell Carcinoma of st. writer with metastasis

at least 1 1/2 mo.

ANTECEDENT CAUSES

(B)

DUE TO

(C)

at least 2 mo.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-3-53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Cystoscopy for biopsy

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

M.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1953, to 12-7, 1953, that I last saw the deceased alive on 12-8, 1953, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Chas. F. Carroll, Jr.

M. O.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

12-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 11, 53

24C. NAME OF CEMETERY OR CREMATORY

Oak Green

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. Kingston Williams

25. FUNERAL DIRECTOR

Paul A. Gleason

ADDRESS

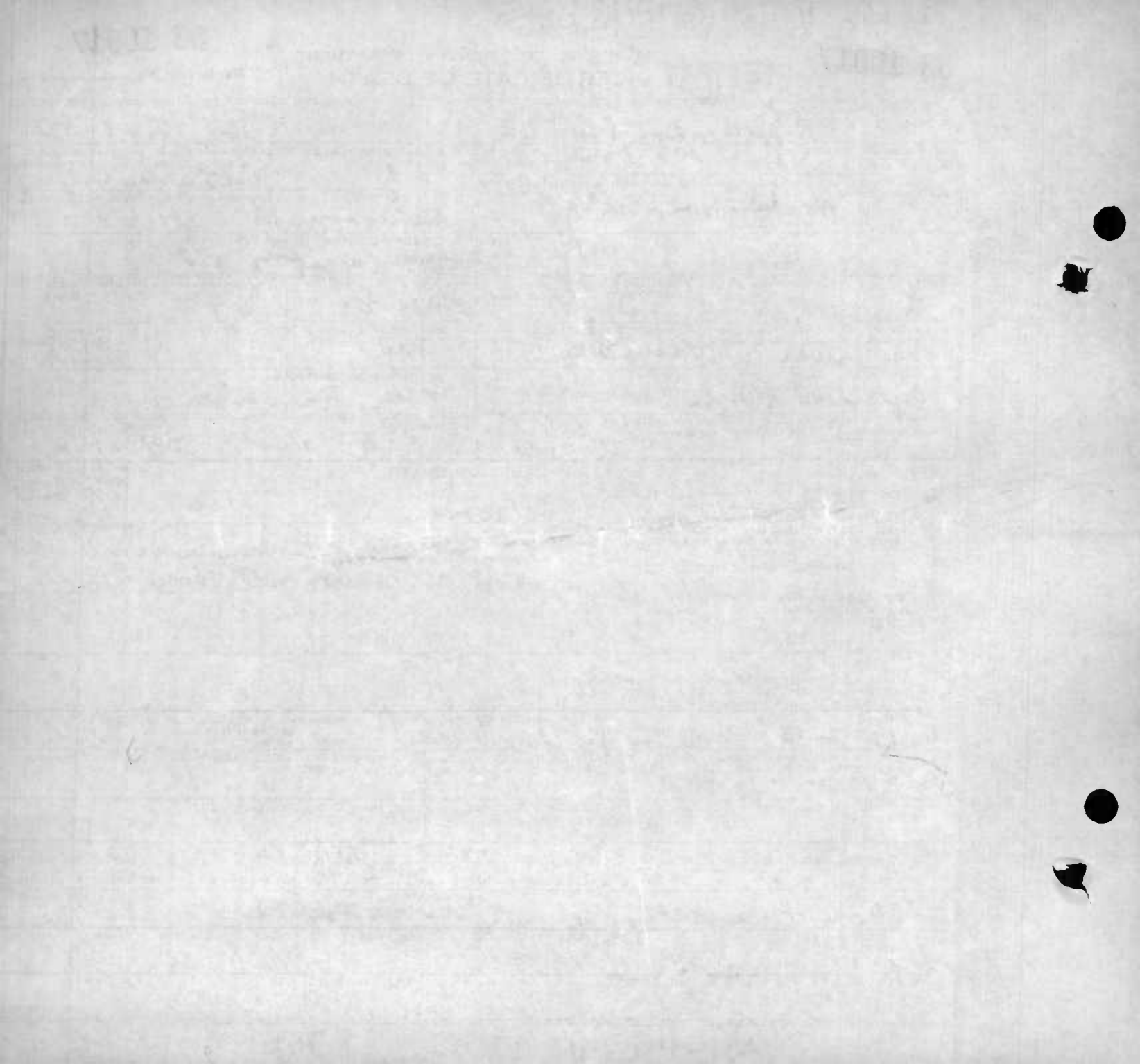
6067 Hayford Rd

VS 150

62551

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

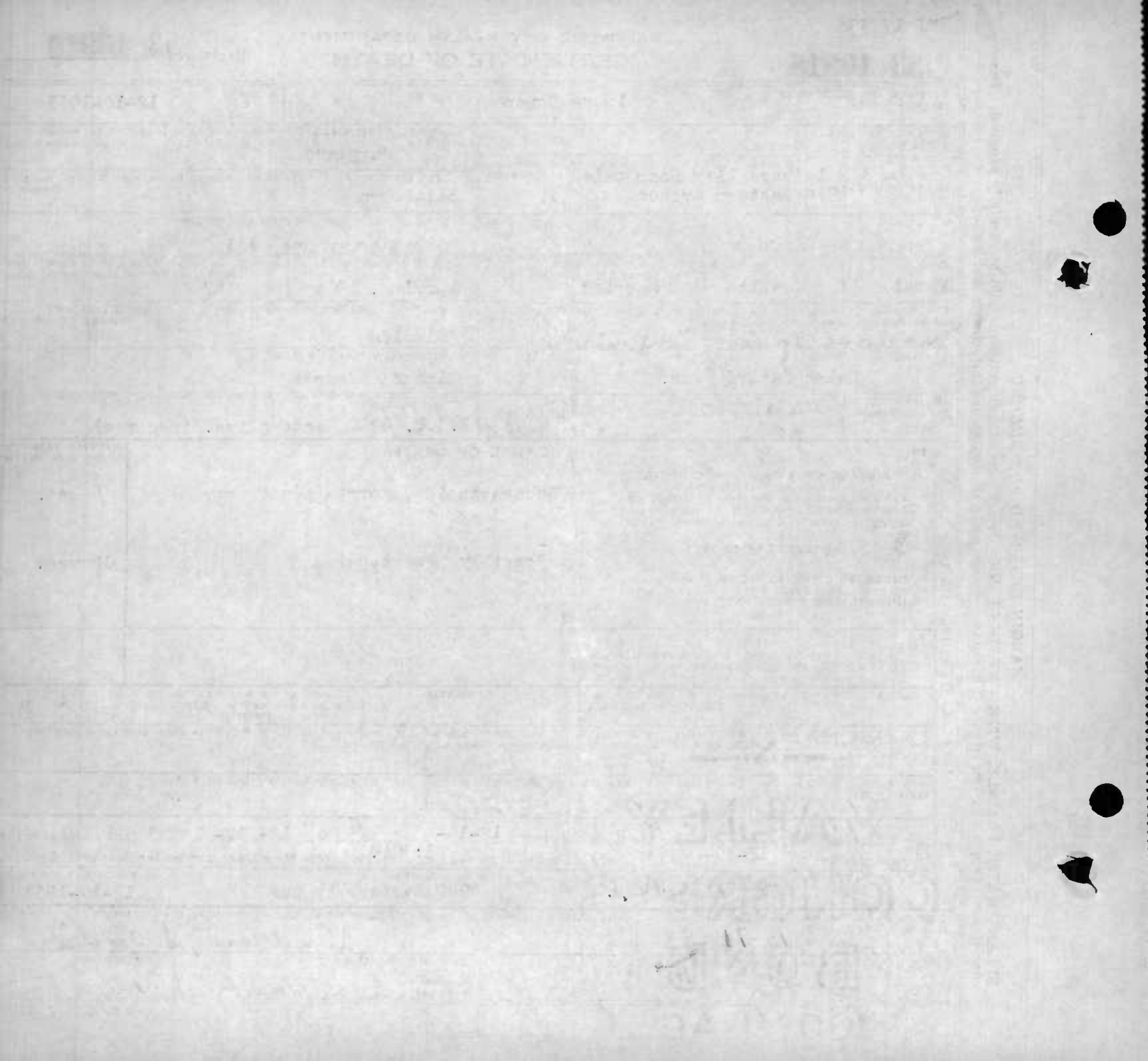


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FVJ 177538		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 10918	
BIRTH NO. 53 10918		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) Irene Cowan			2. DATE OF DEATH 12-10-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Essex		
D. STREET ADDRESS (If rural, give location) 612 Mace Avenue #21			E. LENGTH OF STAY IN BALTIMORE 53 54		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH April 2, 1906	9. AGE (In years last birthday) 47	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator Contamin Corp.			11. BIRTHPLACE (State or foreign country) Florida		
13. FATHER'S NAME Ralph Sasard (dec.)			14. MOTHER'S MAIDEN NAME Amanda Edwards		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 277-03-7858		
17. INFORMANT B.C.H. 4940 Eastern Ave. (records)			ADDRESS		
18. 330X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Subarachnoid Hemorrhage (not proven) DUE TO ANTECEDENT CAUSES (B) Possibly Hypertension DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 10 yrs.
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-10-1953 to 12-10-1953 , that I last saw the deceased alive on 12-10-1953 , and that death occurred at 3:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-10-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 12-11-53		24C. NAME OF CEMETERY OR CREMATORY Anderson, S. Carolina	
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Christine L. Brudzinski	
VS 150				ADDRESS 1407 Eastern Ave. Baltimore Md.	

6903D



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10919

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10919
Registered No.

1. NAME OF DECEASED
(Type or Print)

Margaret A Rehberger

2. DATE
OF
DEATH

Dec. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

042 03

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

B. COUNTY

Ind.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-01

D. STREET ADDRESS (If rural, give location)

3904 Southern Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

AUG. 15-1899

9. AGE (In years
last birthday)

54?

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT HOME.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

NORWAY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

L. NIELSON

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 420.1 and 260X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Acute myocardial infarction

10 hrs.

DUE TO

(B) Arteriosclerotic cardiovascular dis.

20 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

20 yrs.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10, 1953, to 12-10, 1953, that I last saw the
deceased alive on 12-10, 1953, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Henderson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-10-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/14/53

24C. NAME OF CEMETERY OR CREMATORY

PAK LAWN

24D. LOCATION (City, town, or county)

BALTD.

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 11 1953

REGISTRAR'S SIGNATURE

H. H. Wallis

25. FUNERAL DIRECTOR

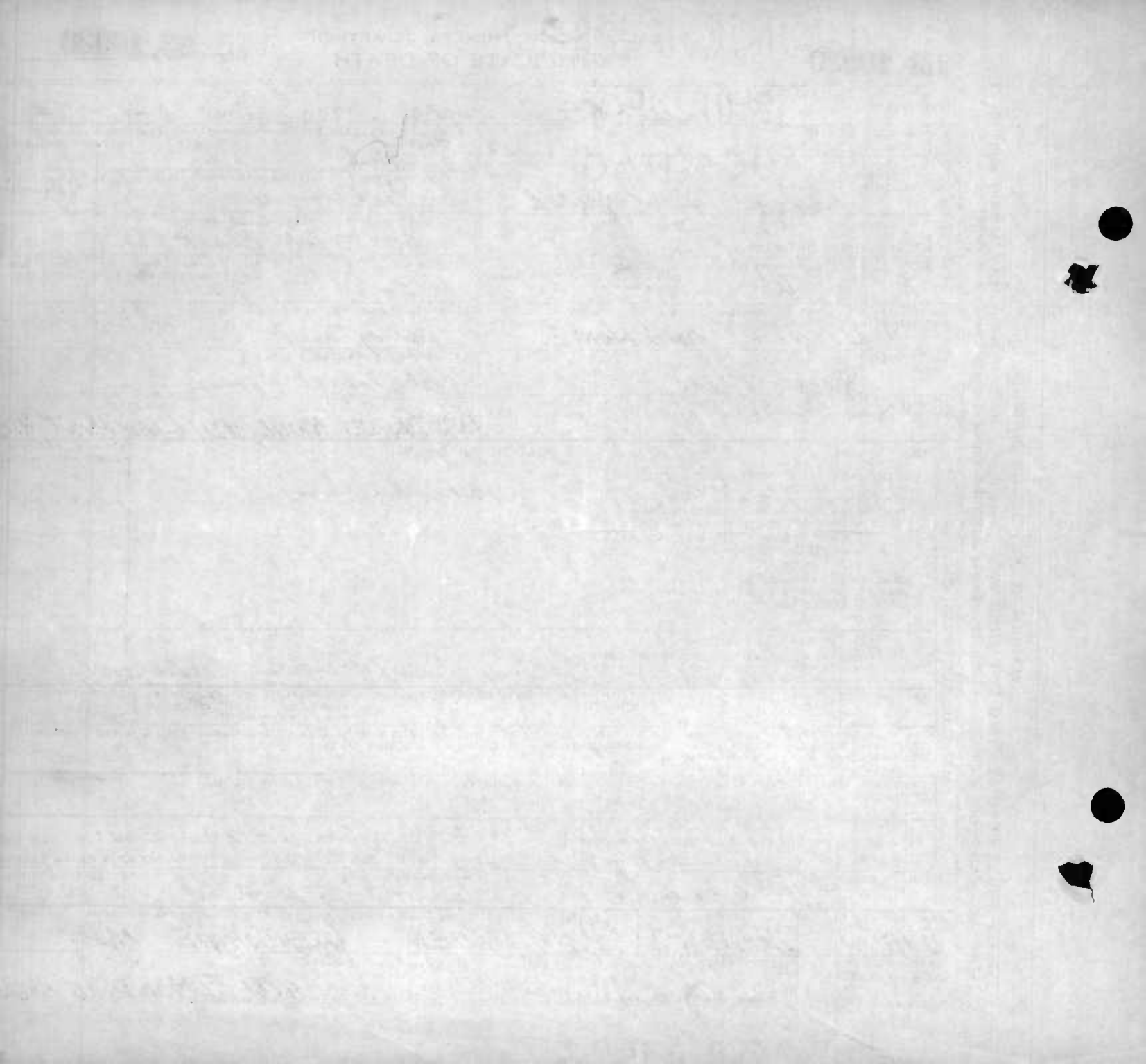
Blouin F. Hoffmann 1639 Broadway

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-450		BALTIMORE CITY HEALTH DEPARTMENT		53 10920	
53 10920		CERTIFICATE OF DEATH		Registered No. 53 10920	
1. NAME OF DECEASED (Type or Print)		Bessie C. Allen		2. DATE OF DEATH 12-10-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Md.		B. COUNTY	
8. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-03		D. STREET ADDRESS (If rural, give location) 2015 W. Pratt St.	
5. SEX F		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.		10B. KIND OF BUSINESS OR INDUSTRY OWN HOME.		8. DATE OF BIRTH 1-3-81	
13. FATHER'S NAME Jose Price		14. MOTHER'S MAIDEN NAME Elizabeth Hines		9. AGE (In years last birthday) 72	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS MRS DANIEL MUHL, 4111 GLEN HUNT RD	
18. 491X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 4 days			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Aortic Insufficiency; Cardiomegaly					
19A. DATE OF OPERATION 12-7-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-7-53 to 12-10-53 that I last saw the deceased alive on 12-10-53 and that death occurred at 2:50 am., from the causes and on the date stated above.					
23A. SIGNATURE L. W. Golgin, Jr.		23B. ADDRESS University Hospital		23C. DATE SIGNED 12-10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Dec. 12-53		24C. NAME OF CEMETERY OR CREMATORY GLEN HAVEN	
24D. LOCATION (City, town, or county) (State) GLENBURNIE MD.		25. FUNERAL DIRECTOR Huntington Williams, Harry F. White		ADDRESS 4101 EDMONDSON AVE	



F-432

53 10921

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10921

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William E. Foltz

2. DATE
OF
DEATH

12/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Raspeburg

D. STREET ADDRESS (If rural, give location)

Fitch Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 11, 19 12

9. AGE (In years
last birthday)

11

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Filling Station Operator

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Co., Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm. Foltz

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm. Foltz, Fitch Ave., Baltimore 6, Md.

18. E823.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injury of the chest

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Putty Hill Road near Roland View Road

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec. 11, 1953

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK21F. HOW DID INJURY OCCUR? struck tree
Driver of auto which ran off road and22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Dec. 11, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 11 1953

25. FUNERAL DIRECTOR

Sara A. T. Maltz

ADDRESS

7401 Belmont

VS 151

js

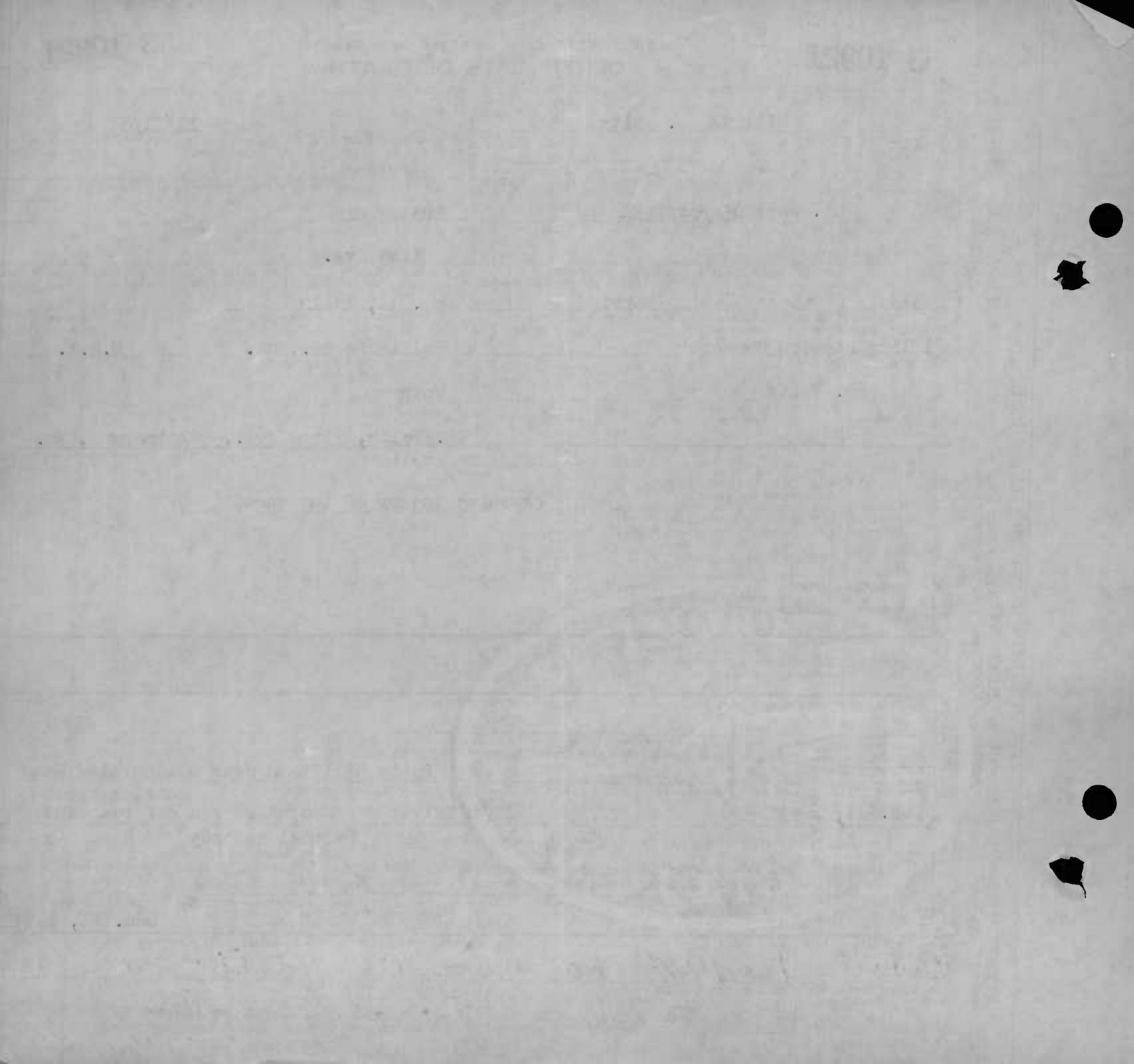
N862.2

290 6K

7401 Belmont

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

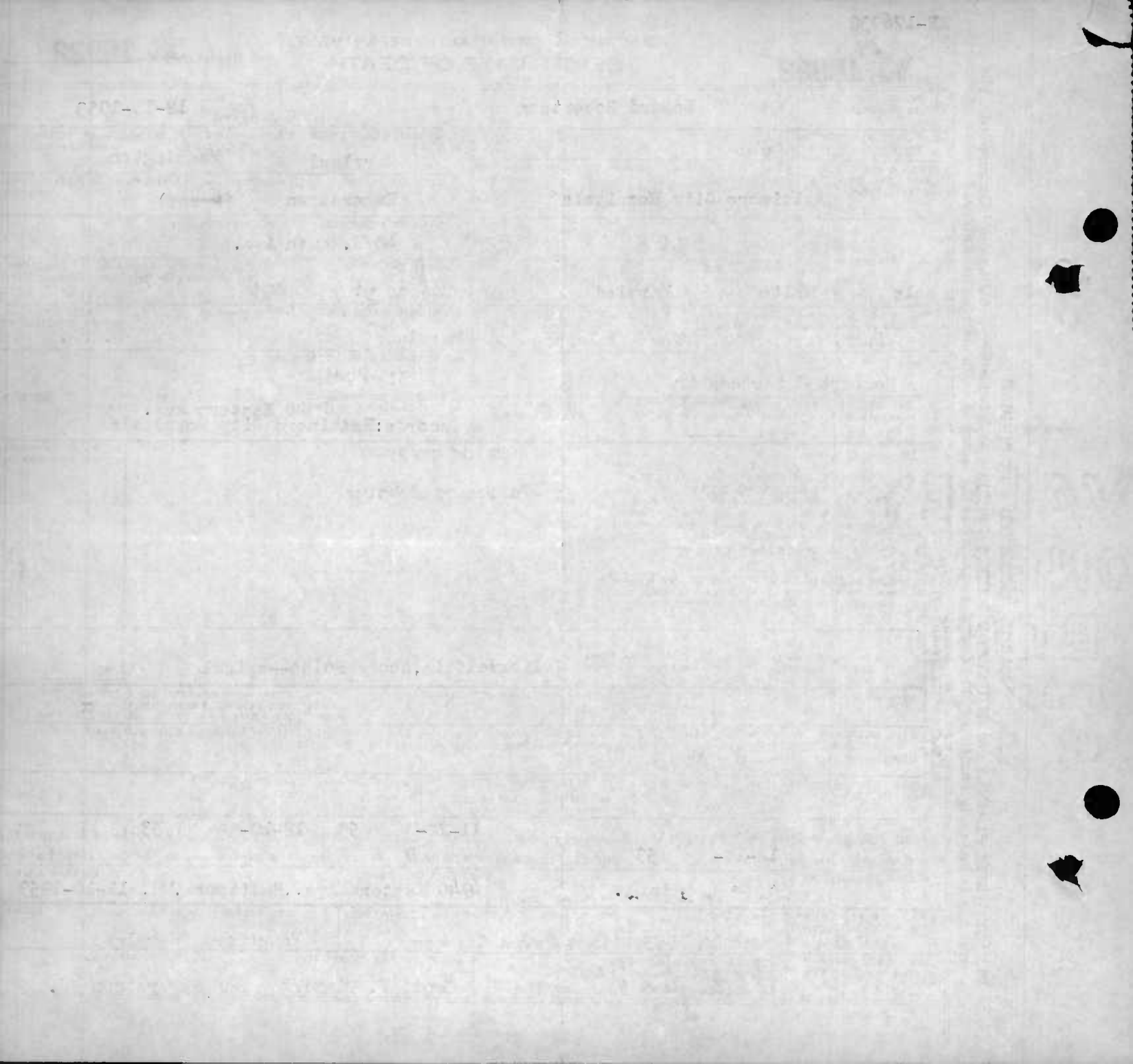


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-176930 53-10922		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53-10922	
1. NAME OF DECEASED (Type or Print)			Edward Robertson		2. DATE OF DEATH 12-10-1953
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Washington		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hagerstown		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 40 E. North Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 24 1917	9. AGE (In years last birthday) 35	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman		10B. KIND OF BUSINESS OR INDUSTRY C & P Telephone Co		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Herbert Robertson Sr			14. MOTHER'S MAIDEN NAME Myra Pontor		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT 4940 Eastern Ave. Baltimore City Hospitals	
18. 080.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Embolus ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Poliomyelitis, Acute Bulbo--spinal			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-22-1953, to 12-10-1953, that I last saw the deceased alive on 12-10-1953, and that death occurred at 9 A. m., from the causes and on the date stated above.					
23A. SIGNATURE H. C. Jones, M.D.			23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 12-10-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 12 1953	24C. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery		24D. LOCATION (City, town, or county) (State) Hagerstown Maryland
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hagerstown Md.	

5405A



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>53 10923</u>	
BIRTH NO. <u>53 10923</u>				1. NAME OF DECEASED (Type or Print) <u>Raymond L. Roux</u>	
2. DATE OF DEATH <u>December 10, 1953</u>				3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Fla.</u> B. COUNTY <u>St. Petersburg</u>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Petersburg</u>				D. STREET ADDRESS (If rural, give location) <u>4121 1st Ave.</u>	
E. Length of stay in Baltimore Yrs. <u>33</u> Mos. <u>—</u> Days <u>—</u>				5. SEX <u>male</u>	
6. COLOR OR RACE <u>White</u>				7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>				10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Petersburg Fla.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George J. Roux</u>				14. MOTHER'S MAIDEN NAME <u>Dolores Joslin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>—</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>				ADDRESS	
18. <u>754.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>cardiac arrest</u> CAUSE OF DEATH (A) <u>cardiac arrest</u> DUE TO ANTECEDENT CAUSES (B) <u>congenital heart disease</u> DUE TO (C) <u>—</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>—</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>surgical exploration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>2 yrs.</u> <u>1 1/2 hrs.</u>	
19A. DATE OF OPERATION <u>12-10-53</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <u>congenital heart disease</u>		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>			
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-1</u> 19 <u>53</u> to <u>12-10</u> , 19 <u>53</u> that I last saw the deceased alive on <u>12-10</u> , 19 <u>53</u> , and that death occurred at <u>4:15</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Frank Cole Brewer</u> M.O.		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12-14-1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Memorial Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>St. Petersburg, Fla.</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 11 1953</u>		24F. REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
24G. FUNERAL DIRECTOR <u>Huntington Williams</u>		24H. ADDRESS <u>McLennan & McLennan Co. 10810 North Ave.</u>			

L-500
53 10924BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10924

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marians Lana

2. DATE
OF
DEATH

Dec-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

311-E-27-St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

at home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

311-E-27-St

c. Length of stay in Baltimore

38

Yrs.

Mos.

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 32/1888

9. AGE (In years
last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lilippo Lana

14. MOTHER'S MAIDEN NAME

Virginia Rondese

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-05-9464

17. INFORMANT

Virginia Lana

ADDRESS

311-E-27-St

18. 153X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of Cecum
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/1/53

19B. MAJOR FINDINGS OF OPERATION

abdominal Carcinoma

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20/1953 to 12/9/1953, that I last saw the
deceased alive on 12/9/1953, and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. K. Quinn

M. D.

23B. ADDRESS

YORK RD + EVANS AVE
TIMONIUM.

23C. DATE SIGNED

12/9/53.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec-14-53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 11 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Seward Moore

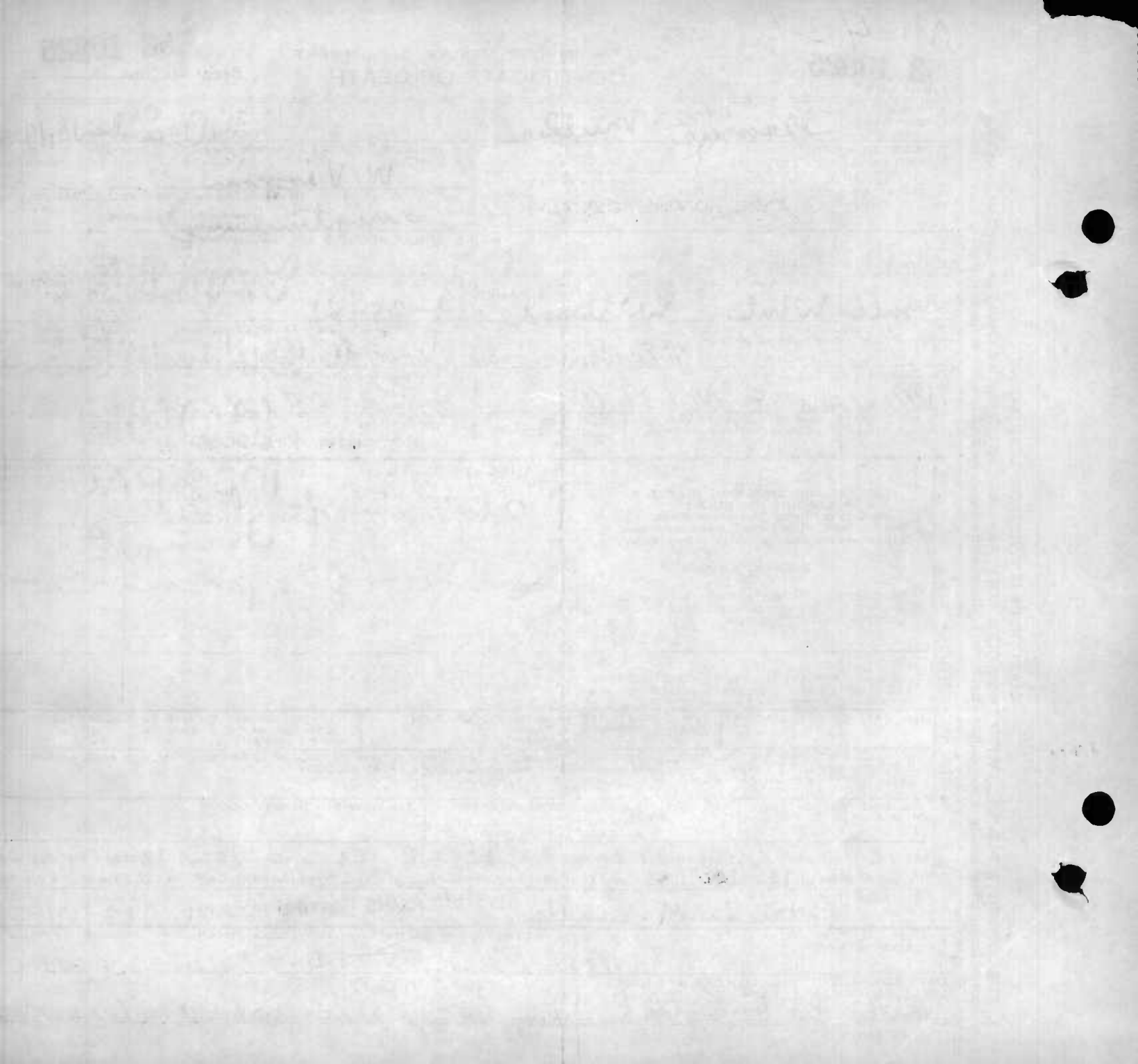
ADDRESS

108 W York

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-420		BALTIMORE CITY HEALTH DEPARTMENT		53 10925	
53 10925		CERTIFICATE OF DEATH		Registered No. 53 10925	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>George W.F. Mulliss</i>		2. DATE OF DEATH <i>December 10, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>W. Virginia</i> B. COUNTY <i>V-45</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Martinsburg</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		D. STREET ADDRESS (If rural, give location)		E. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3-25-81</i>	9. AGE (In years last birthday) <i>72</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>INTERVIEWER SOCIAL & LIFE SCIENCE FIELD</i>		11. BIRTHPLACE (State or foreign country) <i>ALICE NORV HURST</i>	
13. FATHER'S NAME <i>WILLIAM F MULLISS</i>		14. MOTHER'S MAIDEN NAME <i>ALICE NORV HURST</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. <i>157X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Obstruction of small intestine</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Carcinoma of the pancreas ? 8 mos.</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-25, 1953</i> , to <i>12-10, 1953</i> , that I last saw the deceased alive on <i>12-10, 1953</i> , and that death occurred at <i>10:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Patricia M. Smith</i> M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED <i>12/10/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>ROSEDALE</i>	
24D. LOCATION (City, town, or county) (State) <i>MARTINSBURG W. VA.</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams</i>		24F. ADDRESS <i>1400 N. Frederick St. Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 11 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>1400 N. Frederick St. Baltimore</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-625 53 10926 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10926	
1. NAME OF DECEASED (Type or Print) Patrick O'Reagan			2. DATE OF DEATH 12/9/1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1665 HARVARD		
38 c. Length of stay in Baltimore 1 Yrs Mos. Days			D. STREET ADDRESS (If rural, give location) 1665 Harvard Rd. 5355		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 19, 1886	9. AGE (In years last birthday) 67	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10B. KIND OF BUSINESS OR INDUSTRY Industrial Building	11. BIRTHPLACE (State or foreign country) California		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas O'Reagan			14. MOTHER'S MAIDEN NAME Alice Thomas		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Admission Record		
18. 540.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH (A) Peritonitis		INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES			(B) Perforated Peptic Ulcer		5 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 5, 1953, to Dec. 9, 1953, that I last saw the deceased alive on Dec. 9, 1953, and that death occurred at 7:00 P.m., from the causes and on the date stated above.					
23A. SIGNATURE Herbert H. Leighton M.D.		23B. ADDRESS University Hospital		23C. DATE SIGNED 12/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/12/53		24C. NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL	
24D. LOCATION (City, town, or county) BALTIMORE MD.		24E. LOCATION (State)			
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS North & Penna. Aves.	

55474 North & Penna. Aves.

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10927

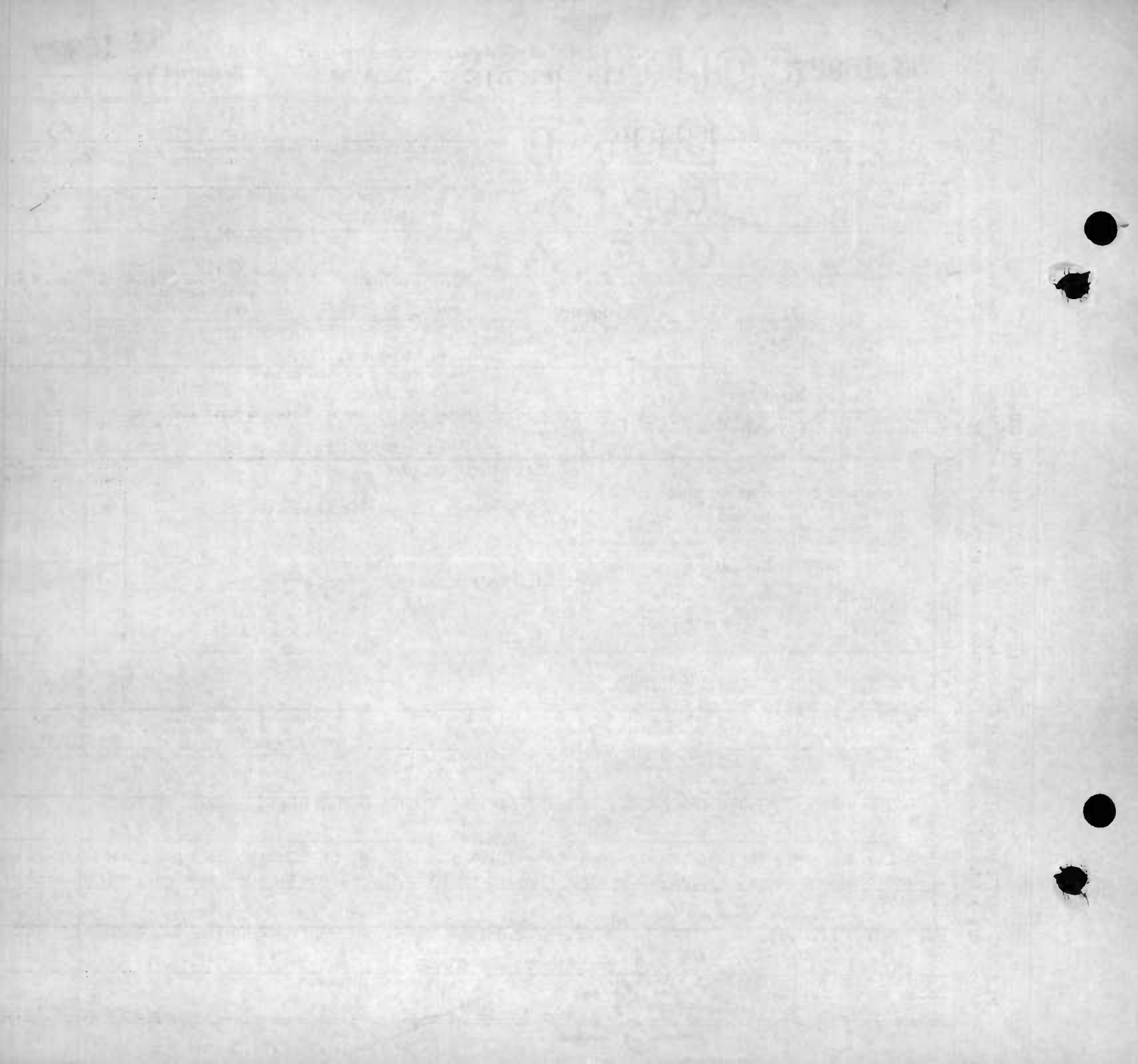
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10927

BIRTH NO. 53 10927

1. NAME OF DECEASED (Type or Print) HELEN CRAFTON			2. DATE OF DEATH Dec. 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2011 Ridgehill Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 15 Mos. 04 Days 04			D. STREET ADDRESS (If rural, give location) 2011 Ridgehill Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 28, 1887	9. AGE (In years last birthday) 66	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home			10B. KIND OF BUSINESS OR INDUSTRY -		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Henry Heckler			14. MOTHER'S MAIDEN NAME Minnie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Mr. Frank Crafton, 2011 Ridgehill Ave.			ADDRESS		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 420.1 Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 4 days		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Insufficiency			3 yrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 7 , 19 53 , to Dec. 9 , 19 53 , that I last saw the deceased alive on Dec. 9 , 19 53 , and that death occurred at 10 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Harry A. Schuman		23B. ADDRESS 3700 Larnsdorff Blvd		23C. DATE SIGNED 12/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/12/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. STATE Md.		24F. DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1953	
24G. REGISTRAR'S SIGNATURE Huntington Williams		24H. FUNERAL DIRECTOR Wm. J. Pickner		24I. ADDRESS Long Lane Belts Md	

VS 150



53 10928

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10928

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN PROKES

2. DATE
OF
DEATH

Dec. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 504 N. Curley St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore

D. STREET ADDRESS (If rural, give location)

504 N. Curley St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 16, 1867

9. AGE (In years,
last birthday)

86

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Primus Tailoring

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Anton Prokes

14. MOTHER'S MAIDEN NAME

Anna Curda

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Katherine Manoch Prokes, wife, above

18.

443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

12/7/53

1/1/45

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1957, to Dec 9, 1957, that I last saw the
deceased alive on Dec 9, 1957, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Rysank

M. D.

23B. ADDRESS

801 N. Kenwood

23C. DATE SIGNED

Dec 11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 12, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

S-160
53 10929BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10929

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Elizabeth Marie Schaefer

2. DATE
OF
DEATH

Dec 9, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

Vol 3

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

713 N. Glover St.

E. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11-16-1884

9. AGE (In years,
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Vomastek

14. MOTHER'S MAIDEN NAME

Anna Benes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary vascular accident

48 hrs.

DUE TO

ANTECEDENT CAUSES

(B)

Generalized arteriosclerosis

20 yrs.

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7 1953 to 12-9 1953, that I last saw the
deceased alive on 12-9 1953, and that death occurred at 1:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John A. Hedberg

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-9-53

24A. BURIAL OR CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/12/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

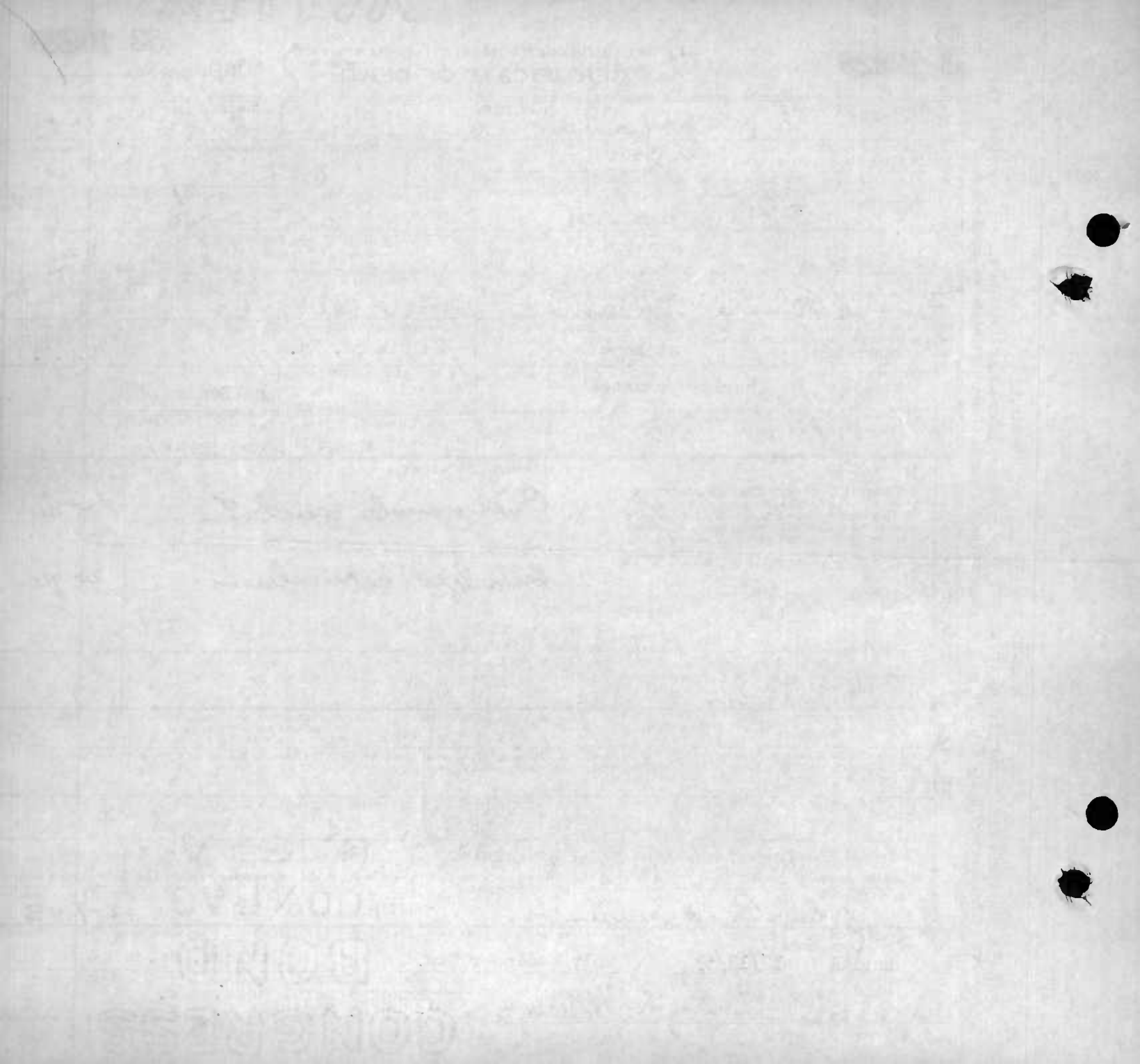
ADDRESS

2601-3-5 E. Madison St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



K-612
53 10930BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10930

1. NAME OF DECEASED (Type or Print) AUGUST KREBS			2. DATE OF DEATH Dec. 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 6214 Marietta Ave.			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 70 yrs			D. STREET ADDRESS (If rural, give location) 6214 Marietta Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 13, 1863		9. AGE (In years last birthday) 90
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired tailor		10B. KIND OF BUSINESS OR INDUSTRY own business	11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Charles Krebs, son, above		
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arteriosclerotic cardio-vascular disease. DUE TO (B) DUE TO (C)					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 6, 1953 , to Dec. 10, 1953 , that I last saw the deceased alive on Dec. 6, 1953 , and that death occurred at 3:00 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Harold A. Gott		23B. ADDRESS 8100 Harford Rd.		23C. DATE SIGNED 12/11/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 12, 1953	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

10230

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILE NO.

DATE

TIME

PLACE

CAUSE

CHARACTER

COCAUSE

CONDITION

DIAGNOSIS

TESTS

TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

DATE

PLACE

CAUSE

CHARACTER

COCAUSE

CONDITION

DIAGNOSIS

TESTS

TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

DATE

PLACE

CAUSE

CHARACTER

COCAUSE

CONDITION

DIAGNOSIS

TESTS

TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

DATE

PLACE

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COCAUSE

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TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

DATE

PLACE

CAUSE

CHARACTER

COCAUSE

STATE OF DEATH

CAUSE

CHARACTER

COCAUSE

CONDITION

DIAGNOSIS

TESTS

TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

DATE

PLACE

CAUSE

CHARACTER

COCAUSE

CONDITION

DIAGNOSIS

TESTS

TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

DATE

PLACE

CAUSE

CHARACTER

COCAUSE

CONDITION

DIAGNOSIS

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TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

DATE

PLACE

CAUSE

CHARACTER

COCAUSE

CONDITION

DIAGNOSIS

TESTS

TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

DATE

PLACE

CAUSE

CHARACTER

COCAUSE

CONDITION

DIAGNOSIS

TESTS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10931

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL NAJLINA SZCZEPANSKI

2. DATE
OF
DEATH

DEC 9/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 518 S. DECKER AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

518 S. DECKER AVE

C. Length of stay in Baltimore

69

Yrs.
Mos.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

SEPT 19/1882

9. AGE (in years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Joseph Nowakowski

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Martin SZCZEPANSKI 518 S. Decker Ave

18. 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Bright's Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis
Diabetic Mellitus

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis cardio vasculare

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1953, to Dec 9, 1953, that I last saw the deceased alive on Dec 9, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Lemuel Bill

M. D.

23B. ADDRESS

1221 N. Luzon Ave

23C. DATE SIGNED

12/10/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1953

Huntington Williams

Marie Fralowski 1000 S. Kenwood Ave

10001 30

RECEIVED BY THE DIRECTOR

17435 17 27441783

10001 30

K-400
53 10932BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10932

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE KELLY

2. DATE
OF
DEATH

12/9/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

BON SECOURS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

419 MT. HOLLY ST.

E. Length of stay in Baltimore

79

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1-14-74

9. AGE (in years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

THEODORE RICHARDS

14. MOTHER'S MAIDEN NAME

WINIFRED O'HOLLORAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 570.5 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) INTESTINAL OBSTRUCTION

11 DAYS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ABDOMINAL ADHESIONS

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-2-53

19B. MAJOR FINDINGS OF OPERATION

INTESTINAL OBSTRUCTION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1953 to Dec. 9, 1953, that I last saw the deceased alive on Dec. 9, 1953 and that death occurred at 11:55 A. M., from the causes and on the date stated above.

23A. SIGNATURE

William A. Pillsbury

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

12-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-12-53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Greenwood 120 St.

ADDRESS

50 11003

DEPARTMENT OF HEALTH
CENTRAL BUREAU OF VITALS

11003



53

10933

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10933

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cathern Fuller

2. DATE
OF
DEATH

December 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Center 5

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Va.

B. COUNTY

V-43

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

W. Cummings

D. STREET ADDRESS (If rural, give location)

701 Maple Ave.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12-16-22

9. AGE (In years,
last birthday)

30

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

office secretary

10B. KIND OF BUSINESS OR
INDUSTRY

military sch.

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Palmer

14. MOTHER'S MAIDEN NAME

Sallie Hess

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 600.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Staphylococcal Septicemia

ANTECEDENT CAUSES

(B)

Chronic Pyelonephritis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Intra-uterine thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

4 days

?

hours

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Duplex Erythematosis

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19, 1953, to 12-10, 1953, that I last saw the
deceased alive on 12-10, 1953, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

W. Gordon Walker

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-10-53

24A. BURIAL OR CREMA-
TION REMOVAL (Specify)

24B. DATE

DEC 13 1953

24C. NAME OF CEMETERY OR CREMATORY

WAYNESBORO

24D. LOCATION (City, town, or county)

WAYNESBORO VA.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. G. Fitch & NORTH + Penn.

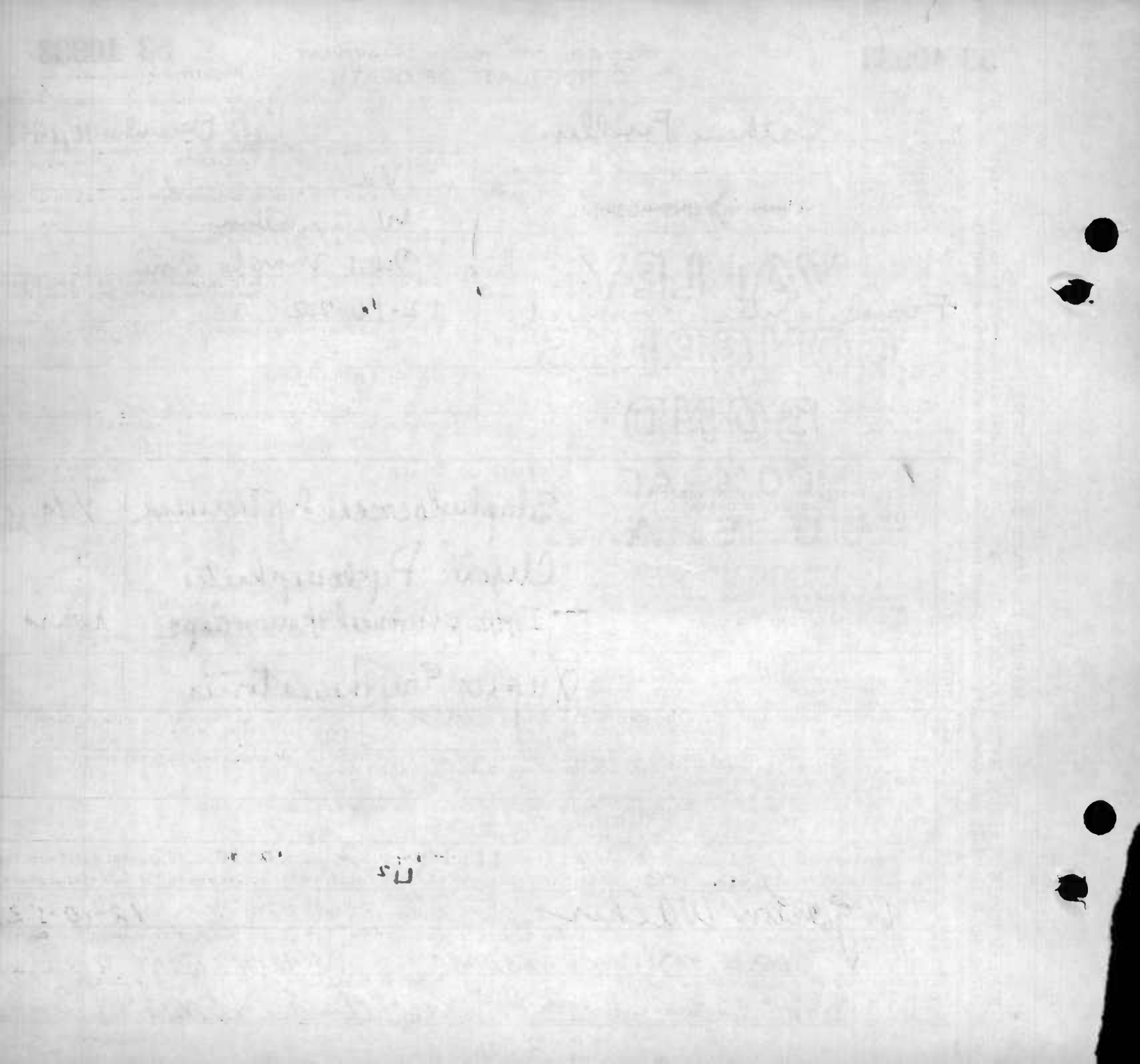
VS 150

3508V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



53 10934

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10934

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NORWOOD *ELMER* GRAY

2. DATE
OF
DEATH

December 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6205 Fortview Way

c. Length of stay in Baltimore

6- Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1909

9. AGE (In years last birthday)

44

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SMITTER

10B. KIND OF BUSINESS OR INDUSTRY

NAT'L CAN CO

11. BIRTHPLACE (State or foreign country)

NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

HENRY T. GRAY

14. MOTHER'S MAIDEN NAME

GRACE TRAILOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YES

WW-2-

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. IRIS B. GRAY -

18.

I 163X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

SQUAMOUS CELL CARCINOMA OF THE LEFT LUNG.

Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED Dec. 11, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-14-53

24C. NAME OF CEMETERY OR CREMATORY

BALTO. NAT'L CEM.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 11 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Sheedfield & Sons

VS 151

js

6903D

Sheedfield & Sons

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See correction letter from Dr. Russell S. Fisher,
Chief Medical Examiner in Document file

5-560
53 10935
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10935
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print)		AUGUST 6. SCHWEMMER		2. DATE OF DEATH December 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. CITY OR TOWN Baltimore C. STREET ADDRESS (If rural, give location) 1950 Sponson Street		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			8. DATE OF BIRTH August 7, 1896 9. AGE (in years last birthday) 57 10. UNDER 1 Year Months: _____ Days: _____ 11. UNDER 24 Hours Hours: _____ Minutes: _____		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Seal.		11. BIRTHPLACE (State or foreign country) BALTIMORE MD	
13. FATHER'S NAME Louis Schwemmer			14. MOTHER'S MAIDEN NAME Florence Elliott		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 14-10-0489		17. INFORMANT Max Reischneider - Abbot	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 491X and E 12.4 Gangrene of the left lung DUE TO Lung abscess			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DUE TO Bronchopneumonia					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Bleeding duodenal ulcer					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture of the femur					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2800 block of Broening Highway	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept. 28, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Dec. 11, 1953	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/14/53		24C. NAME OF CEMETERY OR CREMATORY London Park	
24D. LOCATION (City, town, or county) (State) BALTO. MD		25. FUNERAL DIRECTOR Edward Toulson		ADDRESS 97099 2359 Washington Blvd	

VS 151

js N821.0

97099 2359 Washington Blvd

1941

NEW YORK, N.Y.

1941

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

G-362
53 10936BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10936
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDERICK Goodrich

2. DATE
OF
DEATH

DEC 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2339 ANNAPOLIS AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 2533

D. STREET ADDRESS (If rural, give location)

2339 ANNAPOLIS AVE

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

MARRIED

8. DATE OF BIRTH

JAN VI. 1893

9. AGE (in years last birthday)

60

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STEEL WORKER

10B. KIND OF BUSINESS OR INDUSTRY

STEEL PLANT

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF WHAT COUNTRY?

12. FATHER'S NAME

Wm W. Goodrich

14. MOTHER'S MAIDEN NAME

MARTHA CLEM

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

XIX-04-582

17. INFORMANT

ANNA Goodrich 2339 ANNAPOLIS AVE

ADDRESS

18. 443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage right sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardiomyopathy -
Vascular Disease

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 yr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12, 1946 to 12-10, 1953, that I last saw the deceased alive on 11-30, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unlocks, Jr.

M. O.

23B. ADDRESS

1227 Wash. Blvd

23C. DATE SIGNED

12-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-14-53

24C. NAME OF CEMETERY OR CREMATORY

MEADOW RIDGE CEM

24D. LOCATION (City, town, or county)

HOWARD CO MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. H. Huntington

25. FUNERAL DIRECTOR

Edward Toulson

ADDRESS

MARGIN RESERVED FOR BINDING

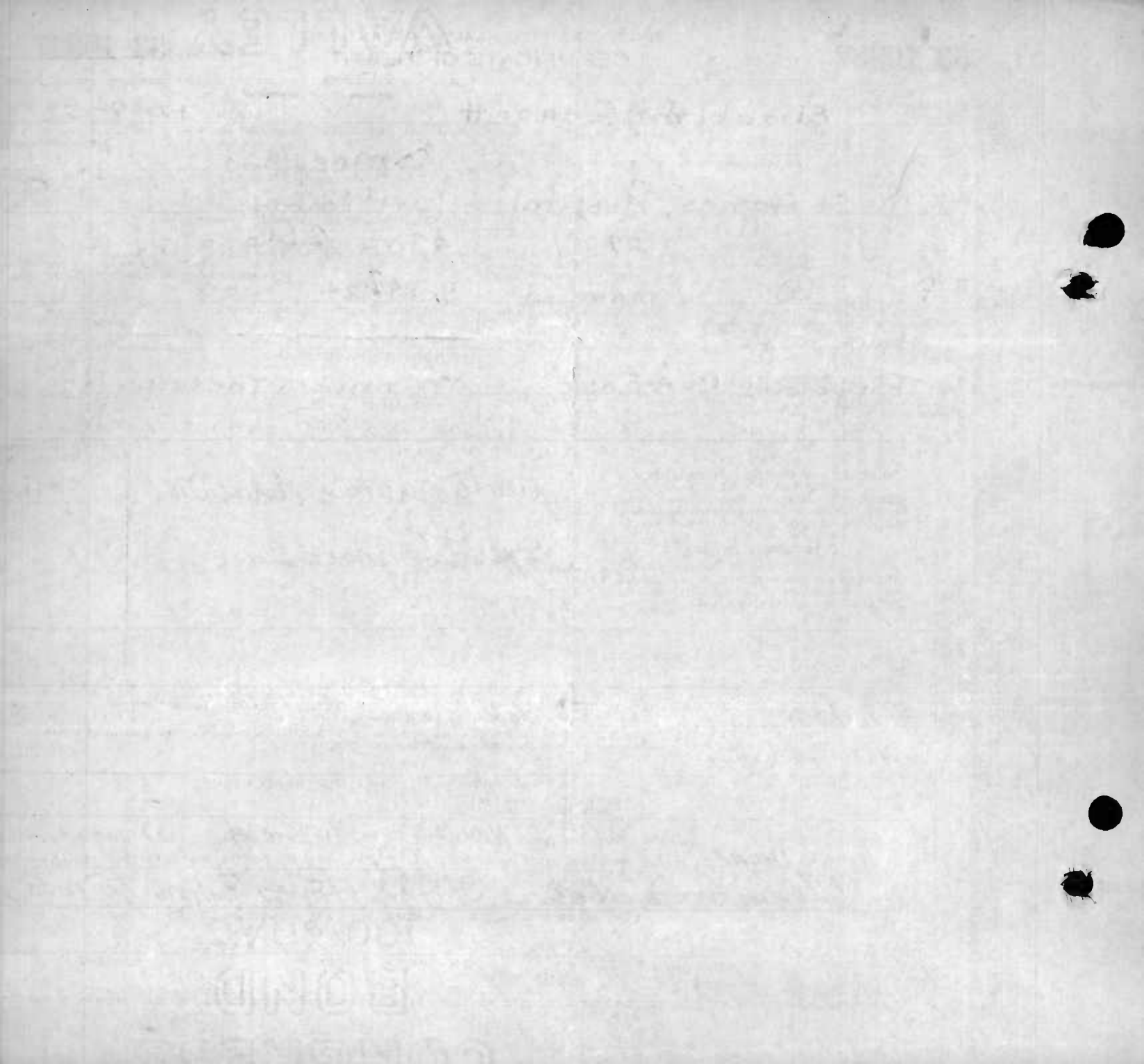
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-630
53 10937
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10937

1. NAME OF DECEASED (Type or Print) Elizabeth H. Garrett		2. DATE OF DEATH 12-9-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 40 Yrs. 29 Mos. 29 Days		D. STREET ADDRESS (If rural, give location) 4702 AMBERLEY AVE.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-24-29
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at Home	9. AGE (In years last birthday) 29
13. FATHER'S NAME Raymond C. Frost		11. BIRTHPLACE (State or foreign country) Baltimore Md	
14. MOTHER'S MAIDEN NAME Minnie H. Roeseke		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 612-30-6423	
17. INFORMANT Raymond C. Frost		ADDRESS 4702 Amberley Ave	
18. 606x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) I CAUSE OF DEATH Acute gastric dilatation		INTERVAL BETWEEN ONSET AND DEATH 20 min	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Operative procedure		14 hr	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 12/9/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Pos. Med. death	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Nov. 29, 1953 to Dec 7, 1953 , that I last saw the deceased alive on Dec 7, 1953 , and that death occurred at 10:30 pm. , from the causes and on the date stated above.			
23A. SIGNATURE Thomas F. Herbert		23B. ADDRESS St Agnes Hospital, Balt 29	
23C. DATE SIGNED Dec 10 '53		23D. LOCATION (City, town, or county) (State) Baltimore Md.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec-12-1953	
24C. NAME OF CEMETERY OR CREMATORY Louisa Park		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1953		REGISTRAR'S SIGNATURE Thurston Williams, M.D.	
25. FUNERAL DIRECTOR John F. Keufel		ADDRESS 5311 Edmondson Ave	



D-400
53 10938BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10938
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIA M. DOYLE

2. DATE
OF
DEATH

DEC. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 231 S. ELLWOOD AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE MD.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write U.S. and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

231 S. ELLWOOD AVE.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOV. 18, 1883

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

JAMES FITZGERALD

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

JOHN J. DOYLE 231 S. ELLWOOD AVE

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anterior Sclerotic Cornea

DUE TO

Uveitis disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1953 to 12/10, 1953, that I last saw the
deceased alive on 12/9, 1953, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John H. Goodman

M. D.

23B. ADDRESS

3400 9th Ave NW

23C. DATE SIGNED

12/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12-14-53

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL CEM 4300 OLD FREDERICK RD. BALTO. MD

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles S. Zeiler 901 S. CONKLING ST.

ADDRESS

DEC 11 1953

VS 150

DR. GOODMAN.

8 1038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 1038

194



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4-543
53 10939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10939

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fannie M. Hamilton.

2. DATE
OF
DEATH

12/10/53.

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

b. FULL NAME OF HOSPITAL OR INSTITUTION

South Baltimore General Hospital

c. CITY OR TOWN (If outside corporate limits, write R. R. and give township)

Baltimore 30

d. STREET ADDRESS (If rural, give location)

1535 Covington St.

e. Length of stay in Baltimore

43

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/6/1876

9. AGE (In years last birthday)

77

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles. Lease

14. MOTHER'S MAIDEN NAME

Mary Hooch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Family - James

18. 420.1 and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, athenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial infarction

19. DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary artery thrombosis

DUE TO

(C)

Generalized arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7/53, 19, to 12/10/53, 19, that I last saw the deceased alive on 12/10, 1953, and that death occurred at 1:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE

Donald Benjamin-Johnson

M. D.

23b. ADDRESS

1243 Lytle St.

23c. DATE SIGNED

12/10/53.

24a. BURIAL CREMATION, REMOVAL (Specify)

24b. DATE

12/10/53

24c. NAME OF CEMETERY OR CREMATOR

GLENN HAVEN

24d. LOCATION (City, town, or county)

BALTO.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 11 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. L. Carey

ADDRESS

30 E. Fort Ave.

VS 150

1904 32

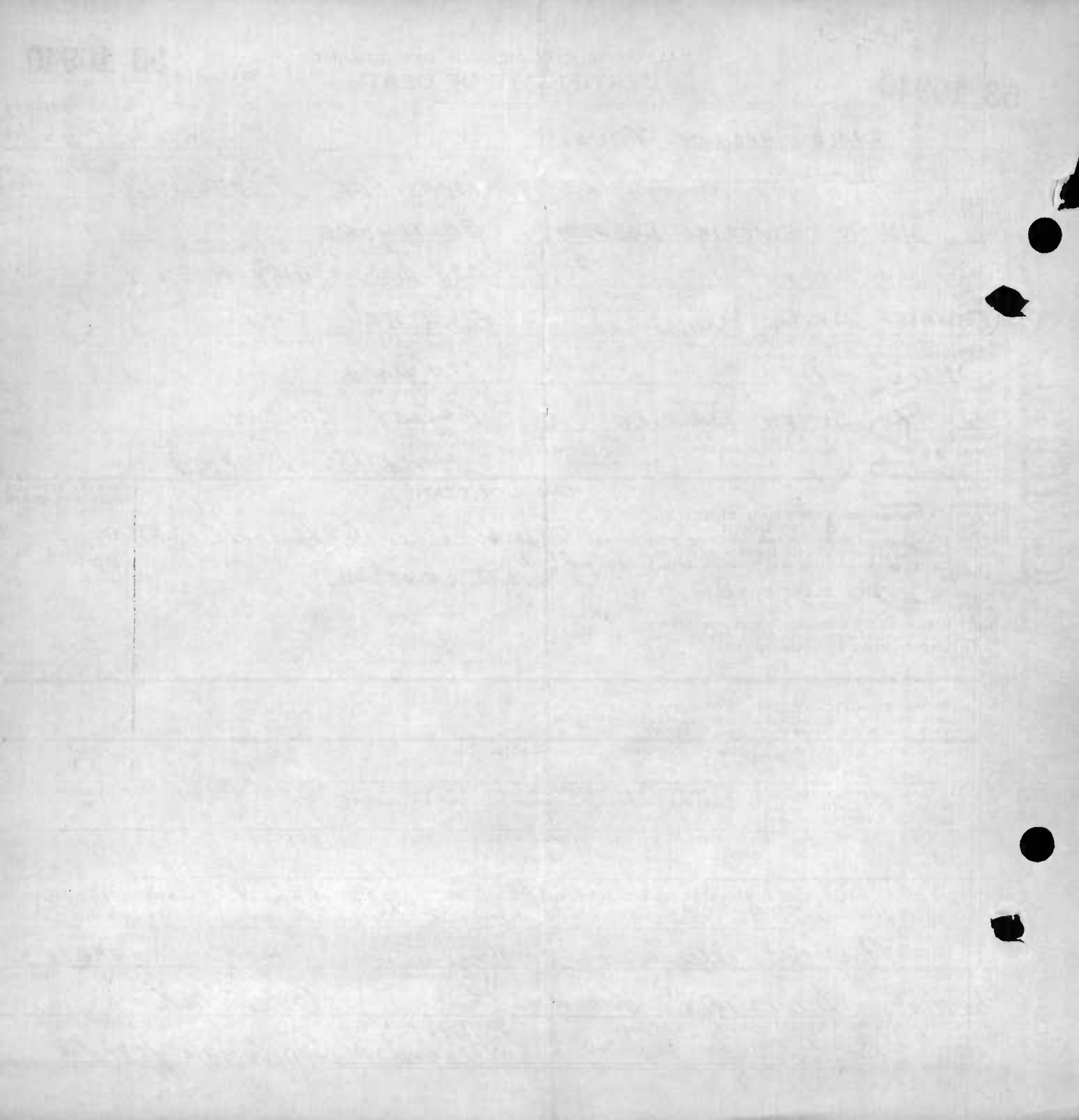
DEPT. OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1904 32



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10940****R-525**
53 10940

1. NAME OF DECEASED (Type or Print) FARLEY BROWNE RANSON			2. DATE OF DEATH DEC. 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY CATONSVILLE		
5. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
6. Length of stay in Baltimore 44 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 235 BLOOMSBURY AVE.		
7. SEX FEMALE	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH Feb. 6, 1881		11. AGE (in years last birthday) Months Days 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JOSEPH SWIFT BROWNE			14. MOTHER'S MAIDEN NAME FARLEY CORBIN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Record		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Hypertensive Arteriosclerotic heart disease (B) (C) INTERVAL BETWEEN ONSET AND DEATH Nov. 3 - DEC 9		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from DEC. 6, 1953 to DEC. 9, 1953 that I last saw the deceased alive on DEC. 9, 1953 , and that death occurred at 8:05 pm. , from the causes and on the date stated above.					
23A. SIGNATURE Paul M. Alessi		23B. ADDRESS Union News. Hoop		23C. DATE SIGNED 12/9/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Dec 12 1953		24C. NAME OF CEMETERY OR CREMATORY London Park	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Wm. H. Jenkins Sons Co		ADDRESS 4905 York Rd.	



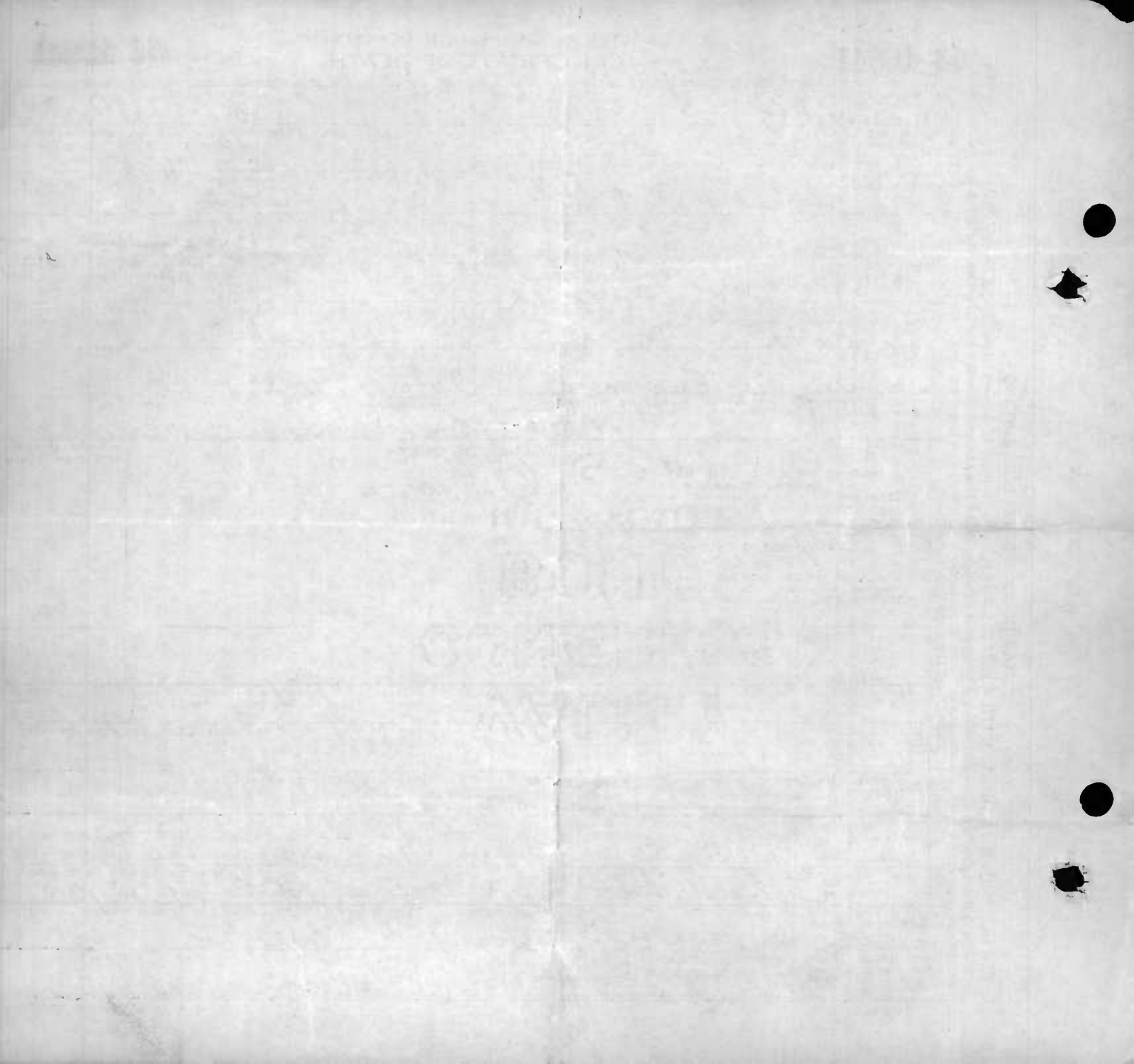
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-352
53 10941BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10941

1. NAME OF DECEASED (Type or Print) MAX MILLIAM (Max) NIEWIADOMSKI		2. DATE OF DEATH 12.10.53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 131	
C. Length of stay in Baltimore 42 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2200 Gough St	
5. SEX (Max)	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5.28.01
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dispenser		10B. KIND OF BUSINESS OR INDUSTRY Tavern	9. AGE (In years last birthday) 52
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Stanley Niewiadomski		14. MOTHER'S MAIDEN NAME Frances Kolakowski	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-07-8783	
17. INFORMANT Vivian Niewiadomski		ADDRESS 2200 Gough St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 581.0 I		CAUSE OF DEATH Cirrhosis of the liver	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12.10.53 to 12.10.53 , that I last saw the deceased alive on 12.10.53 , and that death occurred at 7p. m. , from the causes and on the date stated above.			
23A. SIGNATURE Blchminsky		23B. ADDRESS Sinai Hospital	23C. DATE SIGNED 12.10.53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 14-1953	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	24D. LOCATION (City, town, or county) (State) Balto. Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1953	REGISTRAR'S SIGNATURE Thurston Williams, Md.	FUNERAL DIRECTOR Wm S Fialkowski 2007 Eastern Ave.	



53 10942

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10942

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE YOUNG

2. DATE
OF
DEATH

Dec. 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1022 Low Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug-19-90

9. AGE (in years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Gloster Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Thomas Cook 908 N. Gay St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jackson

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 8, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/12/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Elwyn O. Wilson 1110 Brantley

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

5-536 58 10943 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10943	
1. NAME OF DECEASED (Type or Print) <u>Schneider, Frank J.</u>			2. DATE OF DEATH <u>December 10, 1953</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u> B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> C. CITY OR TOWN <u>Baltimore</u> D. STREET ADDRESS (If rural, give location) <u>406 S. East Avenue</u>		
c. Length of stay in Baltimore <u>LIFE</u>			Yrs. Mos. Days		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 6, 1871</u>	9. AGE (In years last birthday) <u>82</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - IRON MOLDER</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>STEEL</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>SCHNEIDER</u>		
14. MOTHER'S MAIDEN NAME <u>?</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>?</u>		
16. SOCIAL SECURITY NO. <u>?</u>			17. INFORMANT <u>MARY M. WHITTINGTON</u>		
18. ADDRESS <u>406 S. EAST AVE</u>			19. CAUSE OF DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Pulmonary edema</u> <u>Cardiac hypertrophy</u> <u>Arteriosclerosis</u> <u>Partial intestinal obstruction, due to adhesions</u>			INTERVAL BETWEEN ONSET AND DEATH		
II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Gangrene, right foot</u>			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <u>November 4, 1953</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <u>Gangrene of rt. foot</u>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>October 26, 1953</u> , to <u>December 10, 1953</u> that I last saw the deceased alive on <u>Dec. 10, 1953</u> and that death occurred at <u>8:10 a.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>1400 N. Caroline Street</u>		23C. DATE SIGNED <u>Dec. 10, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>12/14/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART CEM.</u>	
24D. LOCATION (City, town, or county) <u>BALTO.</u>		25. FUNERAL DIRECTOR <u>JOHN A. MORAN</u>		ADDRESS <u>3000 E. BALTO. ST.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 11 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. PER 148 Lewis	

NAME _____
ADDRESS _____
DATE _____

BODY TAKEN BY _____

53 10944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10944
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Adele Schaninger			2. DATE OF DEATH December 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hillcrest Nursing Home 212 Stony Run Lane			C. CITY OR TOWN (If outside corporate limits, write full name of township) Baltimore,		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) The Marylander Apartments		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 19th 1872	9. AGE (In years last birthday) 81 yrs	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY ✓
13. FATHER'S NAME August. Herzog			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Mr. Howard E. Schaninger, Broadview Apts.		
18. E904.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of Left Hip DUE TO Pneumonia ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Dementia (Prescribed by doctor) DUE TO Hypertensive Cardio Vascular DUE TO CERTIFICATION APPROVED BY Photo			INTERVAL BETWEEN ONSET AND DEATH 2 Mo. - 24 Days 3 Days 2 Mo. - 23 Days 11 years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 9/15/53		19B. MAJOR FINDINGS OF OPERATION Pneumonia, Left Hip Fracture		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore City 12/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5 A.M. 9/15/53		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell on way to Bath room	
22. I hereby certify that I attended the deceased from May , 1949 to Dec. 9 , 1953, that I last saw the deceased alive on Dec. 9 , 1953, and that death occurred at 5 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE W. Grafton Hersperger		23B. ADDRESS M. D. Medical Arts Bldg.		23C. DATE SIGNED 12/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 12, 1953		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. LOCATION (City, town, or county) (State) Baltimore, Md.		24F. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. J. Aicoreau	
ADDRESS 4510 Liberty Heights Ave.					

1000 1000

1000 1000



MARGIN RESERVED FOR BINDING

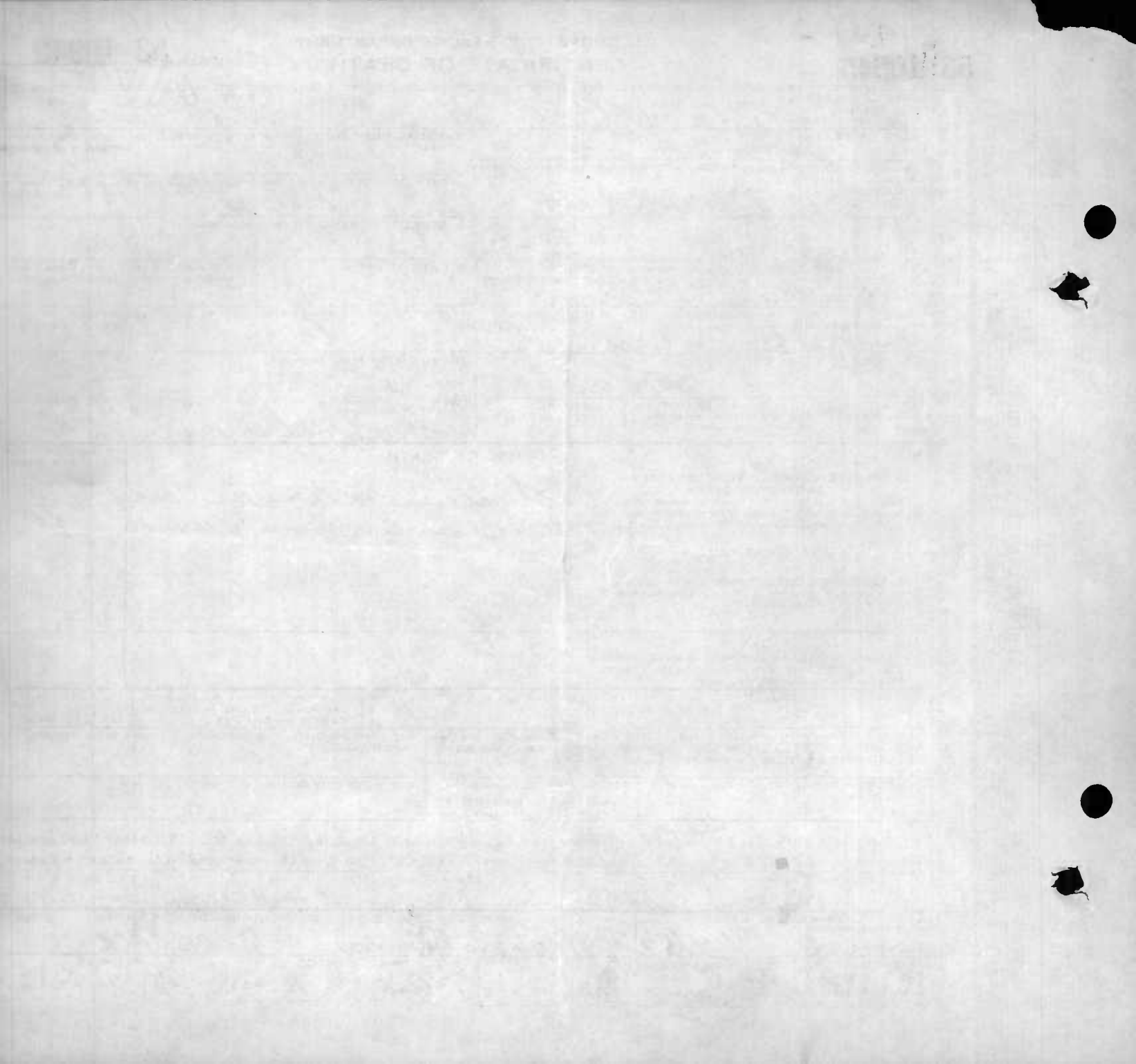
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-612
53 10945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10945

1. NAME OF DECEASED (Type or Print) <i>Ella McCord Groves</i>		2. DATE OF DEATH <i>12/10/1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>630 Parkwynth Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
C. Length of stay in Baltimore Yrs. <i>00</i> Mos. Days		D. STREET ADDRESS (If rural, give location) <i>630 Parkwynth Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>11/18/1866</i>
9. AGE (In years last birthday) <i>87</i>		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Barnes</i>		14. MOTHER'S MAIDEN NAME <i>Amanda Sappington</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Willard Walter Parkwynth Ave</i>		18. ADDRESS	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Arteriosclerotic Cardiovascular Disease</i> DUE TO <i>Vascular Renal disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>6 YRS.</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 20, 1953</i> , to <i>Dec. 10, 1953</i> , that I last saw the deceased alive on <i>Dec. 9, 1953</i> , and that death occurred at <i>3:00 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Lloyd E. Saylor</i>		23B. ADDRESS <i>3902 Greenmount av.</i>	
23C. DATE SIGNED <i>Dec. 11, 1953</i>		23D. M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/14/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>U. S. National (London)</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 11 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>W. B. Cook, Inc.</i>		ADDRESS <i>1217 St. Paul St.</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

53 10946

L-200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10946

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Laage

2. DATE
OF
DEATH

12/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Aged Women's & Aged Men's Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1400 W. Lexington St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

6/27/1873

9. AGE (In years
last birthday)

80

11 Under 1 Year
Months: Days

12 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Inmate

10B. KIND OF BUSINESS OR
INDUSTRY

Home for Aged

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John Bloberger

14. MOTHER'S MAIDEN NAME

Elizabeth Kraus

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Margaret Bomboy Hartford Rd

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Heart Disease

ANTECEDENT CAUSES

(B) DUE TO

Smility

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1952, to December 10, 1953, that I last saw the deceased alive on December 9, 1953, and that death occurred at 11:58 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Merland Edward Day

M. D.

23B. ADDRESS

4-E-33rd St Balto 18.

23C. DATE SIGNED

December 11, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/2/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 11 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1217 St. Paul St.

ADDRESS

VS 150

1944-45

UNITED STATES OF AMERICA

1944-45



W-245
53 10947BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10947

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John O. Wakeland

2. DATE
OF
DEATH 12/10/533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1614 N. Calvert st

C. CITY OR TOWN (If outside corporate limits, write BUREAU and give
township)

Balto. 12-05

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
1614 N. Calvert st.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/4/1876

9. AGE (In years
last birthday)

77

If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Bakery

11. BIRTHPLACE (State or foreign country)

Hanford Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John A. Wakeland

14. MOTHER'S MAIDEN NAME

Sarah E. Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

None

17. INFORMANT ADDRESS

Elizabeth T. Fenton 1614 N. Calvert st

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

myocardial infarction

ANTECEDENT CAUSES

(B) DUE TO

Coronary occlusion

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

Hypertensive arteriosclerosis
Cerebral vascular disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1933, to Dec 10, 1933, that I last saw the
deceased alive on Dec 5, 1933, and that death occurred on Dec 10, 1933, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/12/53

Lorraine

Balto. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1953

Huntington Williams, M.D.

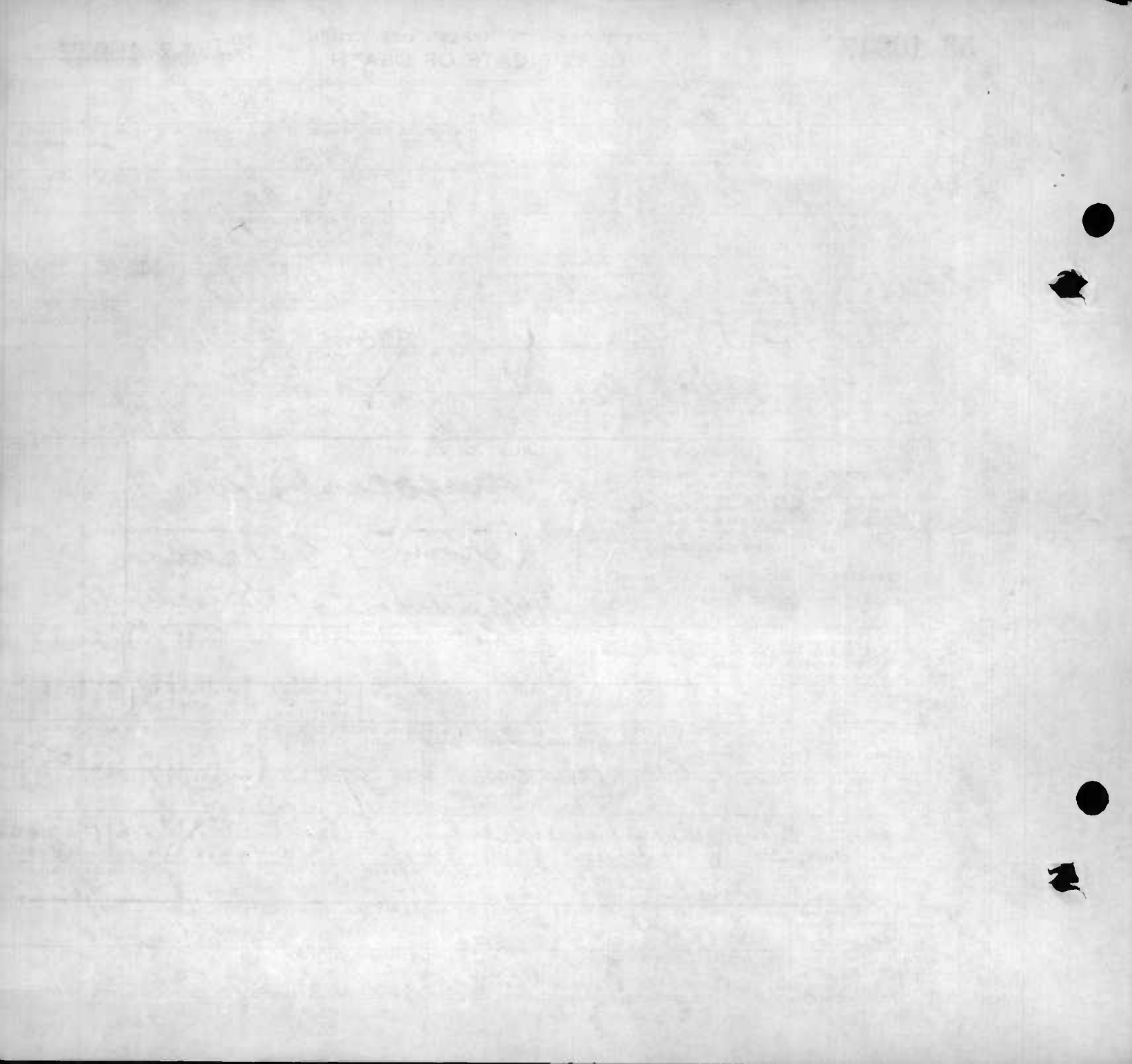
Wm. Cook, Inc. 1217 St. Paul St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



L-340
53 10948BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10948
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALICE LOUISE LYTLE

2. DATE
OF
DEATH December 10, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION 3303 Edmondson AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3303 Edmondson Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

July 13, 1877

9. AGE (In years
last birthday)

76

It Under 1 Year
Months: DaysIt Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Teacher Home Economics

10B. KIND OF BUSINESS OR
INDUSTRY
Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

John Walsh

14. MOTHER'S MAIDEN NAME

Marion Riccard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

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16. SOCIAL
SECURITY NO.
212-05-658617. INFORMANT ADDRESS
W. T. Taymans, 1707 Lexington Building

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/28, 1953, to 12/10, 1953, that I last saw the
deceased alive on 12/10, 1953, and that death occurred at 4:34 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial24B. DATE
12/10/5324C. NAME OF CEMETERY OR CREMATORY
St. James Cemetery24D. LOCATION (City, town, or county) (State)
Monkton, MarylandDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 11 1953 Huntington Williams, Mortm. Co. Inc., 1217 St. Paul Street

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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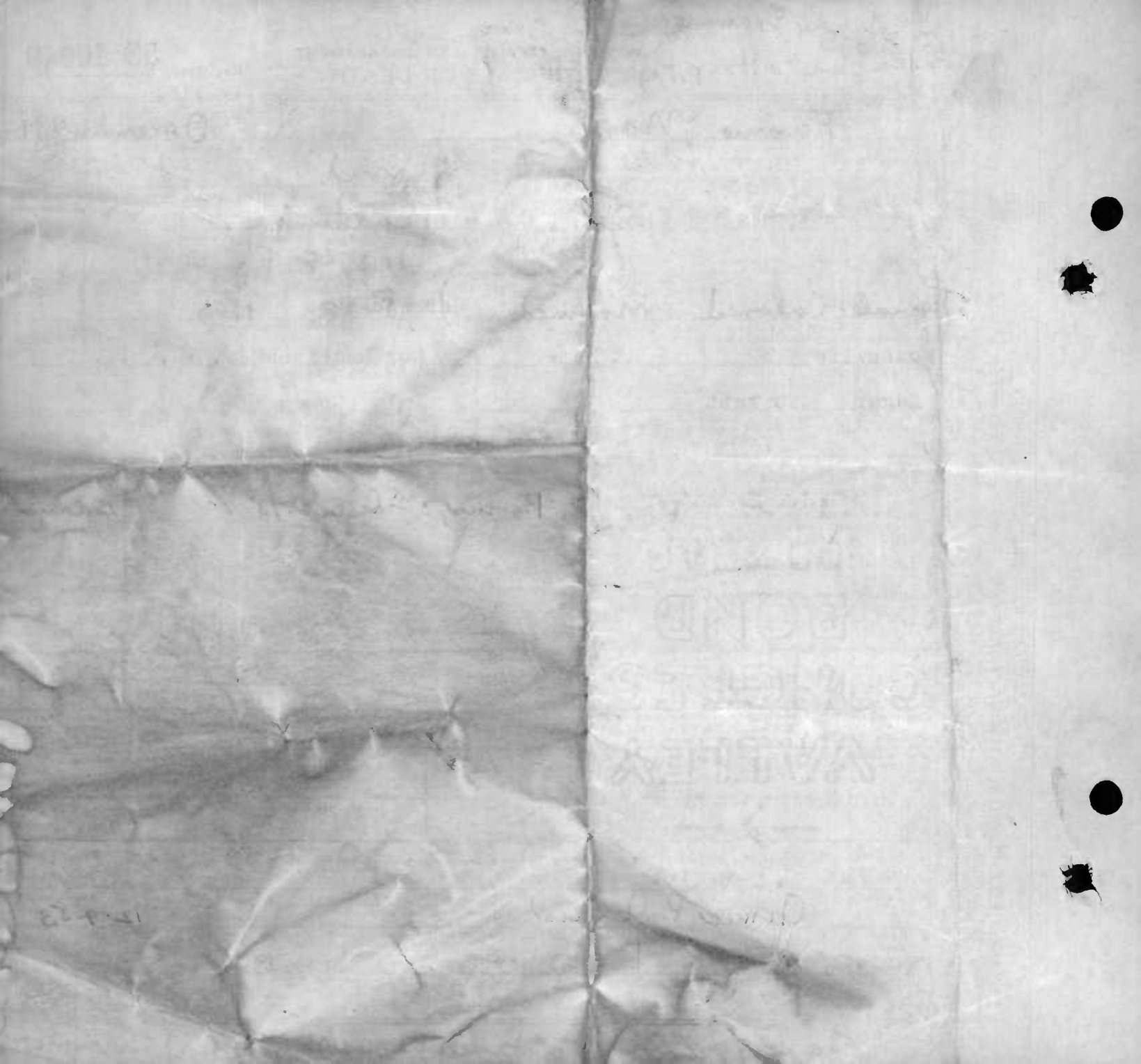
32 1048

32 1048

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NORRIS		BALTIMORE CITY HEALTH DEPARTMENT		53 10949	
Released to Hospital		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Fannie Norris		2. DATE OF DEATH December 8, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Halsted 2nd		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 302		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		D. STREET ADDRESS (If rural, give location) 1015 E. Pratt St.		E. Length of stay in Baltimore 33	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 25-1896	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Northumbland Co. Va. U.S.A.	
13. FATHER'S NAME Edgar Crockett		14. MOTHER'S MAIDEN NAME Emly Veney		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. E 916.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Burns, 3rd Degree, 75%		(A) DUE TO		4 days	
ANTECEDENT CAUSES (B) DUE TO		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		CERTIFICATION APPROVED BY P. Fisher M.D. CHIEF OR ASST. MEDICAL EXAMINER.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION 12-8-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Home	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 1015 E. Pratt Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 5, 1953 2:00 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Burned during fire at home - cause undetermined	
22. I hereby certify that I attended the deceased from 12-5-53 to 12-8-53 , that I last saw the deceased alive on 12-8-53 , and that death occurred at 5:45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE James P. Isaac M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12-9-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/11/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		DATE RECEIVED BY LOCAL REGISTRAR DEC 11 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS		VS 150 N948. Certificate to be approved by Medical Examiner	



K-510
53 10950BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10950

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <u>John KNABE</u>			2. DATE OF DEATH <u>12/10/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>BALTO</u>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>2601 Roslyn Ave</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO</u>					
C. Length of stay in Baltimore <u>1 yr</u>			D. STREET ADDRESS (If rural, give location) <u>510 N. CHAPEL GATE LANE</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Aug 6, 1873</u>		9. AGE (In years last birthday) <u>80</u>		10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INS BUSINESS (RE)</u>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>CHARLES KNABE</u>			14. MOTHER'S MAIDEN NAME <u>CATHERINE SCHNEIDER</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <u>FAMILY RECORDS</u>		

18. <u>450.0 and 002x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <u>Broncho Pneumonia (terminal)</u>		DUE TO		<u>2 days</u>	
ANTECEDENT CAUSES		(B) <u>General arterio sclerosis</u>		<u>10 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C) <u>Fibroid Pulmonary Tuberculosis</u>				<u>30 years</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <u>12/10/53</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10/11</u> , 19 <u>53</u> , to <u>12/10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12/10</u> , 19 <u>53</u> , and that death occurred at <u>6:00</u> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>2320 Edmond St</u>		23C. DATE SIGNED <u>12/11/53</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>12/12/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>LODGE PARK CEM.</u>		24D. LOCATION (City, town, or county) (State) <u>BALTIMORE MD</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 11 1953</u>		REGISTRAR'S SIGNATURE <u>Thurston Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Charles H. Crandall, Jr.</u>		ADDRESS <u>118 W. Mt. Royal Ave.</u>	

J. S. Zinke
2320 Cutler Pl.

K-533
53 10951BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10951

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Sister Evangaleste KindeWater</i>			2. DATE OF DEATH <i>12/11/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bon Secours Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Catonville 5352</i>					
C. Length of stay in Baltimore <i>55</i>			Yrs. <i>55</i> Mos. <i>55</i> Days <i>55</i>			D. STREET ADDRESS (If rural, give location) <i>St. Charles College</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>		8. DATE OF BIRTH <i>9/25/91</i>		9. AGE (In years last birthday) <i>62</i>		10. Under 1 Year Months: <i>11</i> Days: <i>11</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY <i>Sister</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>			12. CITIZEN OF WHAT COUNTRY? <i>Germany</i>
13. FATHER'S NAME <i>Christopher KindeWater</i>			14. MOTHER'S MAIDEN NAME <i>Johannah Zunkel</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT			ADDRESS

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebrovascular Accident</i> DUE TO (B) <i>Hypertensive Extensive Cerebrovascular Disease</i> DUE TO (C) <i>Wascular Disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>16 hrs</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/10</i> , 19 <i>53</i> , to <i>12/11</i> , 19 <i>53</i> that I last saw the deceased alive on <i>12/11</i> , 19 <i>53</i> , and that death occurred at <i>9:00</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert Lee Levine</i>			23B. ADDRESS <i>Bon Secours Hosp</i>		23C. DATE SIGNED <i>12/11/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12/14/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>CONGREGATION LEM</i>		24D. LOCATION (City, town, or county) (State) <i>MILBURNIE KENTUCKY</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 11 1953</i>		REGISTRAR'S SIGNATURE <i>Therese M. Williams</i>		FUNERAL DIRECTOR <i>118 W. Mt. Royal Ave</i>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-550

10952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10952

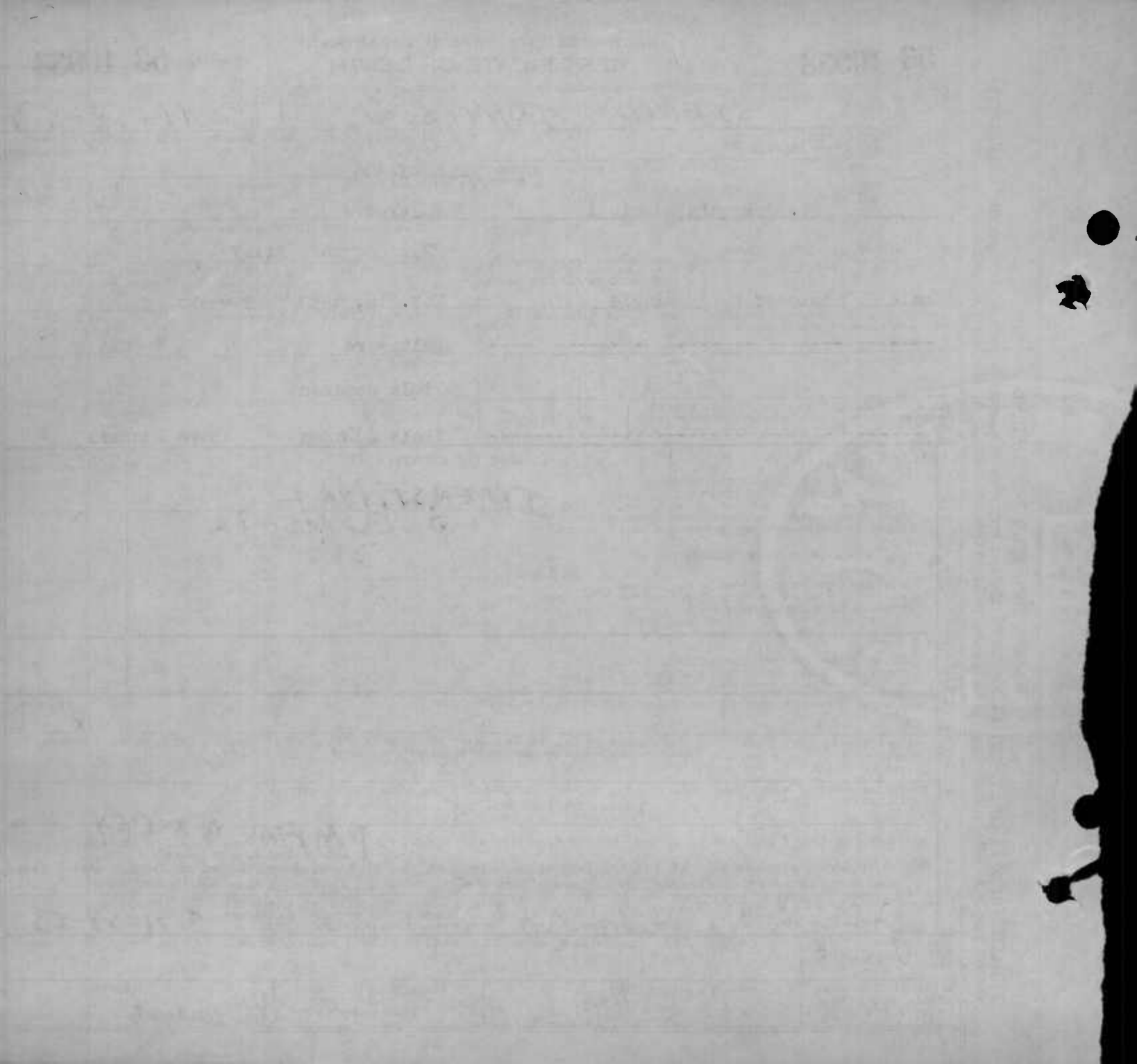
1. NAME OF DECEASED (Type or Print) <i>Hattie Newman</i>		2. DATE OF DEATH <i>December 9, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>322</i> JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Southemville</i>	
D. STREET ADDRESS (If rural, give location) <i>2301 S Spring Ave.</i>		E. DATE OF BIRTH <i>5-13-09</i>	
F. AGE (in years, last birthday) <i>44</i>		G. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
H. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		I. BIRTHPLACE (State or foreign country) <i>Michigan</i>	
J. FATHER'S NAME <i>Herman Lucas</i>		K. MOTHER'S MAIDEN NAME <i>Maudie Pearson</i>	
L. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		M. SOCIAL SECURITY NO. <i>331-20-0086</i>	
N. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Homemaker</i>		O. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
P. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CA of breast</i>		Q. INTERVAL BETWEEN ONSET AND DEATH	
R. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>170X</i>		S. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
T. DATE OF OPERATION <i>0</i>		U. CONDITION FOR WHICH OPERATION WAS PERFORMED	
V. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		W. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
X. TIME (Month) (Day) (Year) (Hour) OF INJURY		Y. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
Z. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		AA. HOW DID INJURY OCCUR?	
AB. I hereby certify that I attended the deceased from <i>11-12, 1953</i> to <i>12-9, 1953</i> , that I last saw the deceased alive on <i>12-9, 1953</i> , and that death occurred at <i>8:23 p.m.</i> , from the causes and on the date stated above		AC. DATE SIGNED	
AD. SIGNATURE <i>Donald G. Mulder</i>		AE. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
AF. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		AG. DATE <i>12/11/1953</i>	
AH. NAME OF CEMETERY OR CREMATORY <i>ESTES-LEADLEY HOME</i>		AI. LOCATION (City, town, or county) (State) <i>LANSING, MICHIGAN</i>	
AJ. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 11 1953</i>		AK. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
AL. FUNERAL DIRECTOR <i>JOHN BURNS' SONS, TOWSON, MD.</i>		AM. ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered	
53 10953 53-27642				10953	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
STEVEN JOHNSON			11-28-53		
3. PLACE OF DEATH:			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
A. Baltimore City, Maryland			A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
St. Joseph's Hospital			Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
Yrs. Mos. Days			2221 Hargrove Alley		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year Months: Days
male	colored	single	Nov. 14, 1953	2 weeks	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
			Baltimore		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
			Viola Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
(If yes, give war or dates of service)					
17. INFORMANT			ADDRESS		
Viola Johnson			Above Address		
18. 763.0 I CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) INTERSTITIAL PNEUMONIA					
DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>PARTIAL Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23. SIGNATURE		23B. CHIEF MEDICAL EXAMINER.....		23C. DATE SIGNED	
Joseph T. Jackson		M.D.		11-28-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Cremation		Morgue		700 Fleet St.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
DEC 1 1953		Huntington Williams, M.D.		Huntington Williams, M.D.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-175338 F.460		VS-153		BALTIMORE CITY HEALTH DEPARTMENT		53 10954		Registered No. 53 10954	
53 10954		BIRTH NO.							
1. NAME OF DECEASED (Type or Print) <i>Gosnell</i> Fannie Fuller				2. DATE OF DEATH 12-10-53					
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 5200					
c. Length of stay in Baltimore 2months				D. STREET ADDRESS (If rural, give location) 3620 Langrehr Road					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH ?	9. AGE (In years last birthday) 85	10 Under 1 Year Months: Days: Hours: Min.		11 Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Gosnell</i>				14. MOTHER'S MAIDEN NAME		17. INFORMANT 4940 Eastern Ave ADDRESS Records: Baltimore City Hospitals			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.					
18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 3days			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)									
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 10-4 1953 to 12-10- 1953 , that I last saw the deceased alive on 12-10- 1953 , and that death occurred at 2.10PM , from the causes and on the date stated above.									
23A. SIGNATURE <i>H. Palmer Davis</i>				23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 12-10-1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/12/53		24C. NAME OF CEMETERY OR CREMATORY Western		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>William Williams, Md.</i>		25. FUNERAL DIRECTOR Isaiah H. Newell, Pikesville		ADDRESS 2nd.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Wm. E. Exam. Case Released to Hospital

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10955 Registered No. 53 10955

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>George Sticks</i>		2. DATE OF DEATH <i>Dec. 10, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Age 25</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>33</i> JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>16-05</i>	
c. Length of stay in Baltimore <i>3 mos</i>		D. STREET ADDRESS (If rural, give location) <i>2303 Calverton Heights</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>12-25-1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Steel Plant</i>	9. AGE (In years, last birthday) <i>79</i>
11. BIRTHPLACE (State or foreign country) <i>Halifax, Va</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Sticks</i>		14. MOTHER'S MAIDEN NAME <i>Marie Hughes</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Wm. E. Exam.</i>		18. ADDRESS <i>2303 Calverton Heights, Baltimore, Md.</i>	

19. *E904.0* **CAUSE OF DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Fracture Rt hip* *8d*

DUE TO

ANTECEDENT CAUSES

(B) *? Neoplasm. ? Pathological* *wks*

DUE TO *Fracture*

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized *Senility, Arteriosclerosis* *Years*

19A. DATE OF OPERATION <i>9 Dec 53</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>18A</i>	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>	21C. WHERE DID (if in Baltimore City, give exact location) INJURY OCCUR? <i>2303 Calverton Heights City</i>	21F. HOW DID INJURY OCCUR? <i>Fell at home</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>approx 2 Dec 53</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	22. I hereby certify that I attended the deceased from <i>12-5</i> , 19 <i>53</i> , to <i>12-10</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-10</i> , 19 <i>53</i> , and that death occurred at <i>2:31 A.m.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>Wm Southwick</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>10 Dec 53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec. 11, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Ellis</i>	24D. LOCATION (City, town, or county) (State) <i>Reynolds, Va</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 12 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>1631 Laurel Hill Co.</i>	

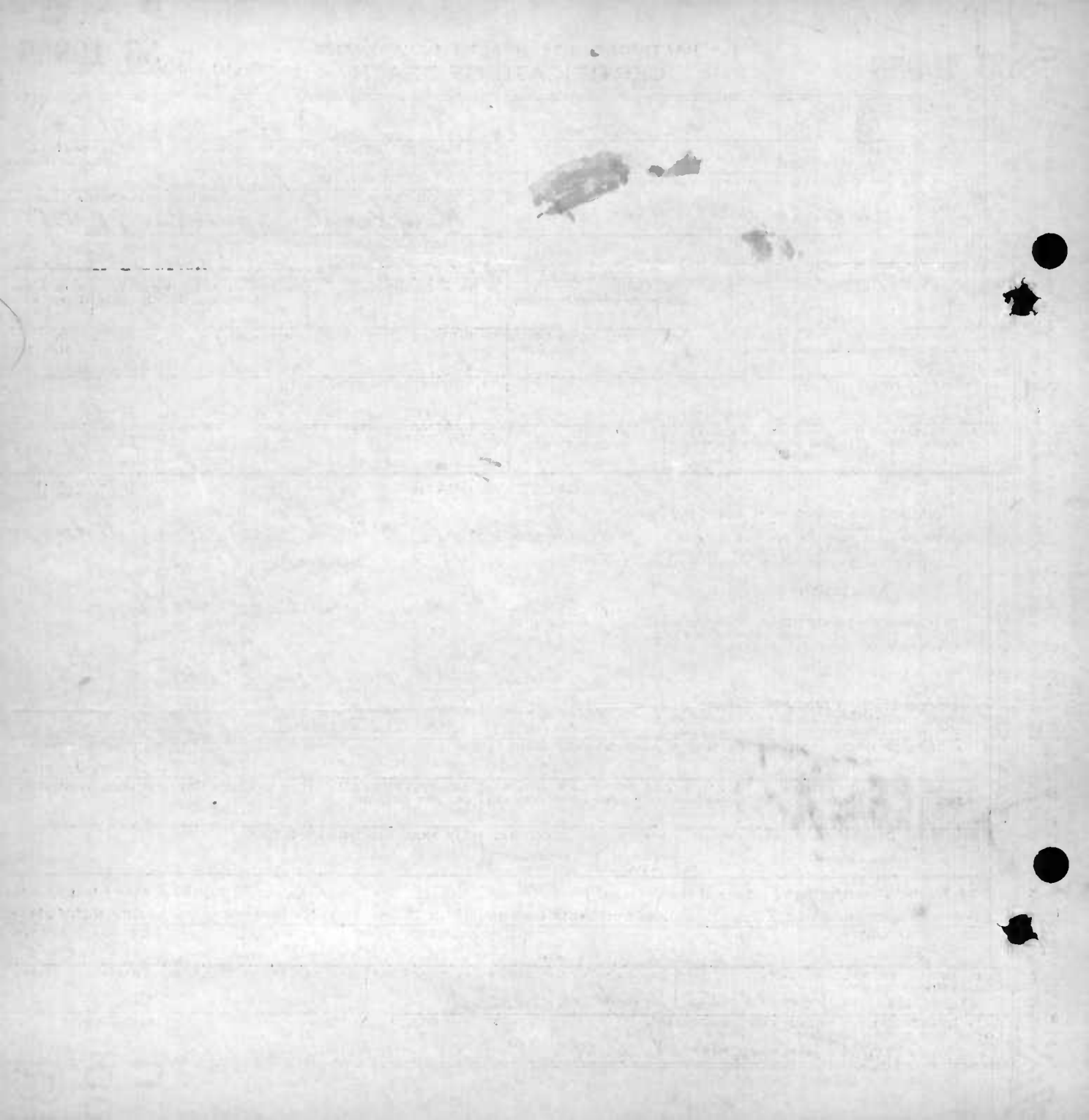
VS 150 *N 820.0*



D-242
53 10956BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10956

BIRTH NO.			1. NAME OF DECEASED (Type or Print) RALPH DOUGLAS			2. DATE OF DEATH Dec 10/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland DOCTOR'S HOSPITAL			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Baltimore B. COUNTY Baltimore						
B. FULL NAME OF HOSPITAL OR INSTITUTION DOCTOR'S HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryland, Sparrows Pt. Md						
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2117 Africa Ave. Sparrows Pt. Md						
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Nov 10-1889		9. AGE (In years last birthday) 64		H Under 1 Year Months Days	H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wrecker			10B. KIND OF BUSINESS OR INDUSTRY Steel			11. BIRTHPLACE (State or foreign country) Elwood Ind		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Douglas			14. MOTHER'S MAIDEN NAME Minerva Williams			17. INFORMANT ADDRESS Bella Perry - 2109 N B St. Elwood Ind			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			18. 442X CAUSE OF DEATH et			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			DUE TO Cerebral Hemorrhage into the internal capsule (hypertensive)			INTERVAL BETWEEN ONSET AND DEATH 11 days			
ANTECEDENT CAUSES			DUE TO Hypertensive Cardiovascular disease			?			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO Arteriosclerosis			?			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			DUE TO Bilateral phlebotrombosis of legs			1 year			
19A. DATE OF OPERATION none			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) none			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) none			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 26 , 1953, to Dec 10 , 1953, that I last saw the deceased alive on Dec 9 , 1953, and that death occurred at 3 A m., from the causes and on the date stated above.									
23A. SIGNATURE Wanner L. Fuller			23B. ADDRESS 803 Cathedral St. Baltimore			23C. DATE SIGNED Dec 10/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Dec 15-53			24C. NAME OF CEMETERY OR CREMATORY York Memorial			24D. LOCATION (City, town, or county) (State) Elwood Ind
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.			25. FUNERAL DIRECTOR Wm Cook Inc - 1217 St Paul St			ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10957

13-300
53 10957
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HELEN BOYD			2. DATE OF DEATH 12/10/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 13 Yrs. 33 Mos. 33 Days			D. STREET ADDRESS (If rural, give location) 3422 McShane Way		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH OCT. 22, 1895	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Joseph Sperling			14. MOTHER'S MAIDEN NAME Julia Goray		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Church Home & Hospital			ADDRESS		

18. 180X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Kidney Bilateral		INTERVAL BETWEEN ONSET AND DEATH 4 mo +
DUE TO		
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Disease		1 yr +
19A. DATE OF OPERATION 12/9	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11/19 , 19 53 , to 12/10 , 19 53 , that I last saw the deceased alive on 12/9 , 19 53 , and that death occurred at 2:25 Am. , from the causes and on the date stated above.		
23A. SIGNATURE David F. Dawson	23B. ADDRESS Church Home & Hospital	23C. DATE SIGNED 12/10/53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE DEC 14, 1953	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
24D. LOCATION (City, town, or county) (State) BALTIMORE MD	25. FUNERAL DIRECTOR HUNTINGTON WILLIAMS, MD	ADDRESS 2112 PUNDALK

PLEASE WRITE PRINTED, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G-610
53 10958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10958
Registered No.

1. NAME OF DECEASED (Type or Print) JOHN CONRAD GREIF			2. DATE OF DEATH Dec. 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2243 Lake Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 70 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2243 Lake A e.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 1, 1868	9. AGE (In years last birthday) 85	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher, retired			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME John Greif			14. MOTHER'S MAIDEN NAME Anna. K. Becker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.			16. SOCIAL SECURITY NO.		
17. INFORMANT J. Conrad Sause, 2243 Lake Ave			ADDRESS Q-13		
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH myocardial infarction (A) Chronic Myocarditis - DUE TO Coronary - Vascular - Renal Disease - (B) arterio-sclerosis - DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH Dec 2/53 -					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Aug 10, 1953 to Dec 10, 1953 , that I last saw the deceased alive on Dec 10, 1953 , and that death occurred at 11:20 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Louis F. Krumrein			23B. ADDRESS 722 No. Kenwood Ave		23C. DATE SIGNED 12/12/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 14, 1953	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn		24D. LOCATION (City, town, or county) (State) Colgate, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
25. FUNERAL DIRECTOR Ullrich Funeral Home			ADDRESS 2002 Dundalk Ave.		

22 1048

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-623

53 10959

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10959

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JOHN H CHRISTMAS		Dec 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE	
3919 Roland Ave.		Md	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		Balto.	
5. SEX		D. STREET ADDRESS (If rural, give location)	
Male	6. COLOR OR RACE	3919 Roland Ave.	
White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	
	Divorced	April 25, 1907	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday)	
Auto Electrician	10B. KIND OF BUSINESS OR INDUSTRY	46	
	Auto Battery	11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		Md.	
George H. Christmas		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME	
(If yes, give war or dates of service)		Mary L. Pittman	
16. SOCIAL SECURITY NO.		17. INFORMANT	
		George H. Christmas 862 W. 36th St	
18. 502.0		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Chronic Bronchitis 9 yrs	
DUE TO		(B) Emphysema 2 yrs	
ANTECEDENT CAUSES		(C) Myocardial Infarction 1 week	
DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from November, 1951, to Dec 10, 1953, that I last saw the deceased alive on Jan 9, 1953, and that death occurred at 3A. m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
W. H. Smith		3429 Chestnut Ave	
M. D.		23C. DATE SIGNED	
		Dec 10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		Dec 14, 1953	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
London Park		Frederick Road	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
DEC 12 1953		Huntington Williams, M.D.	
		25. FUNERAL DIRECTOR	
		Paul C. Lehmann 3607 Chestnut Ave.	

VS 150

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FORM 3



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10960**BIRTH NO. **53-09622**1. NAME OF DECEASED
(Type or Print)

THOMAS H. HILL

2. DATE
OF
DEATH

December 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

1041 N. Central Avenue

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1041 N. Central Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Apr. 28-53

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

8 mo.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas H. Hill Sr

14. MOTHER'S MAIDEN NAME

Lola Stokes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lola Hill 1044 Somerset St

18. 492x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Interstitial pneumonitis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimczyk M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Dec. 8, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-12-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem. A. A. Co.

24D. LOCATION (City, town, or county)

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Rayner Sanders

25. FUNERAL DIRECTOR

ADDRESS

217 E. Preston St.

QUEST 04

TRANSFORMER RATING AND THERMAL

ANALYSIS REPORT

DATE

NO

OF

10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 10961	
1. NAME OF DECEASED (Type or Print) JAMES ALLOWAY			2. DATE OF DEATH Dec. 11, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD. b. COUNTY BALTO.		
b. FULL NAME OF HOSPITAL OR INSTITUTION UNIV. HOSP. GREENEST.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) OWINGS MILLS		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 5300		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9-21-53	9. AGE (In years last birthday) 22	10. Under 1 Year Months Days 2 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME ARTHUR ALLOWAY			14. MOTHER'S MAIDEN NAME ROSE MITCHELL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT University Hosp.			ADDRESS Paul & Ind.		
18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Tumor of right chest DUE TO wall - malignant (B) _____ DUE TO _____ (C) _____			INTERVAL BETWEEN ONSET AND DEATH 1 month		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 12-13-53		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/24 , 19 53 , to 12/11 , 19 53 , that I last saw the deceased alive on 12/11 , 19 53 , and that death occurred at 11 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE William S. Kissi		23b. ADDRESS University Hospital		23c. DATE SIGNED 12/12/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-13-53		24c. NAME OF CEMETERY OR CREMATORY CENTRE	
24d. LOCATION (City, town, or county) (State) NEW PARK YORK Co., Pa.					
DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Kenneth W. Orshman	
				ADDRESS Stewartstown Pa.	

53 10962

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10962
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM N. SCHMOLL

2. DATE
OF
DEATH

December 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-17

D. STREET ADDRESS (If rural, give location)

2717 Cylburn Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 26, 1888

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ernest Schmoll

14. MOTHER'S MAIDEN NAME

Annie Crasser

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Mrs. Daisy M. Schmoll 2717 Cylburn Ave.

18. E974X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxia due to strangulation by hanging

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

2717 Cylburn Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec. 10, 1953 6:45 P.m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Hanged self by rope from pipe in cellar

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

RDF

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Dec. 11, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/14/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 13 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm J. Fickner & Son

ADDRESS

2906 A

VS 151

js N 991 X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED BY THE
DEPARTMENT OF THE ARMY

DATE

TO

FROM

SUBJECT

REMARKS

INITIALS

SIGNATURE

POST OFFICE

ADDRESS

CITY

STATE

COUNTRY

ZIP CODE

TELEPHONE

TELETYPE

TELEFAX

TELEVISION

TELEGRAPH

TELEPHONE

TELEFAX

TELEVISION

TELEGRAPH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 520

53 10963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10963
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Wesley Fink

2. DATE
OF
DEATH

December 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

806 Burgundy St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-01

D. STREET ADDRESS (If rural, give location)

806 Burgundy St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 12, 1868

9. AGE (In years last birthday)

85

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR INDUSTRY

Oil Refinery

11. BIRTHPLACE (State or foreign country)

Armstrong Co. Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

Fink

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. Jacob Fink 501 Cedar Hill Road

18.

442X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4, 1953, to Dec 11, 1953 that I last saw the deceased alive on Dec 10, 1953, and that death occurred at 9:05 m. from the causes and on the date stated above.

23A. SIGNATURE

W. R. Johnson

M. O.

23B. ADDRESS

403 Med and 12-12-53

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/14/53

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Memorial

24D. LOCATION (City, town, or county) (State)

Glen Burnie A A Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

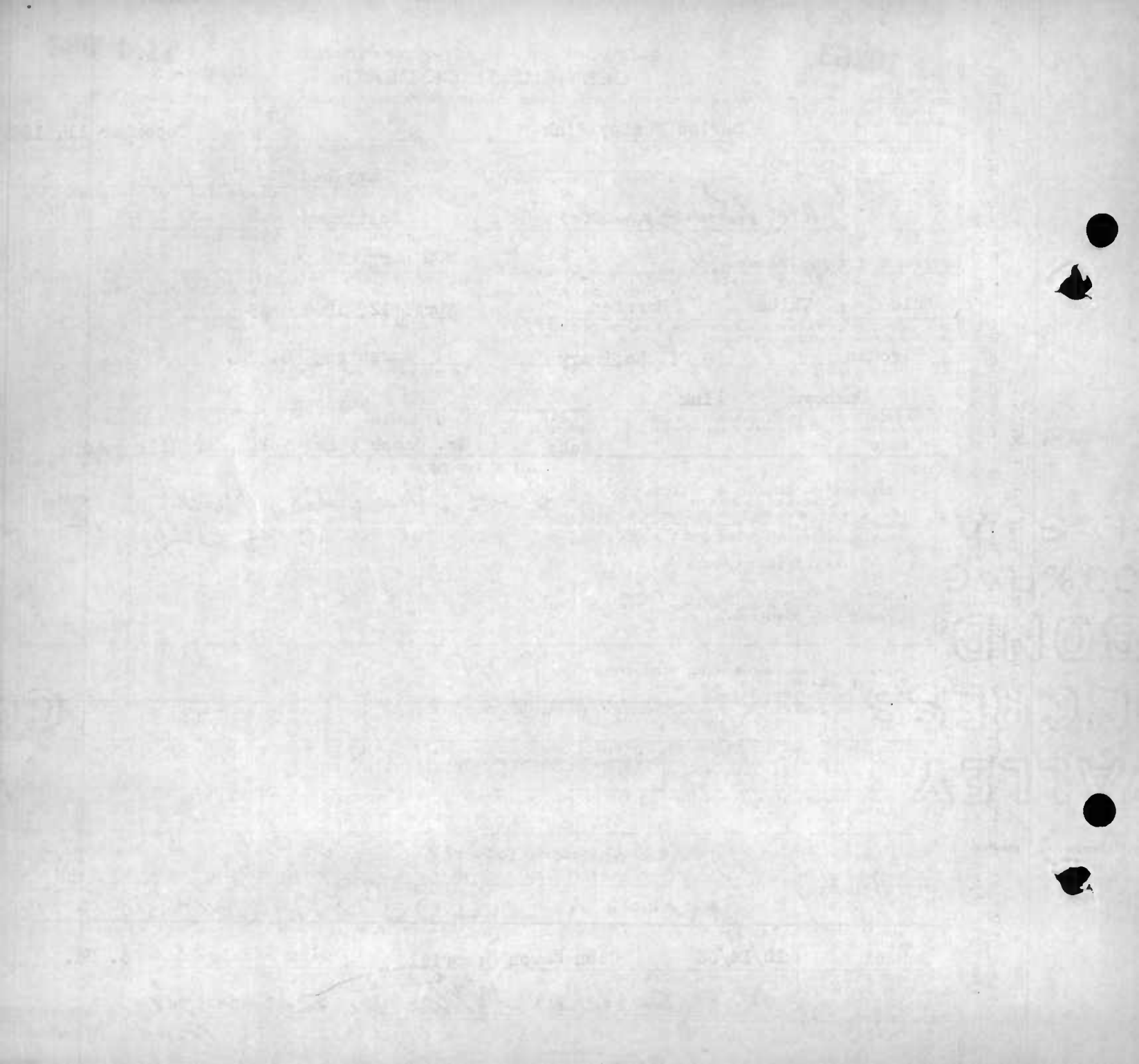
Wm J. Ticker + Son

ADDRESS

nr. La. ave.

DEC 13 1953

VS 150



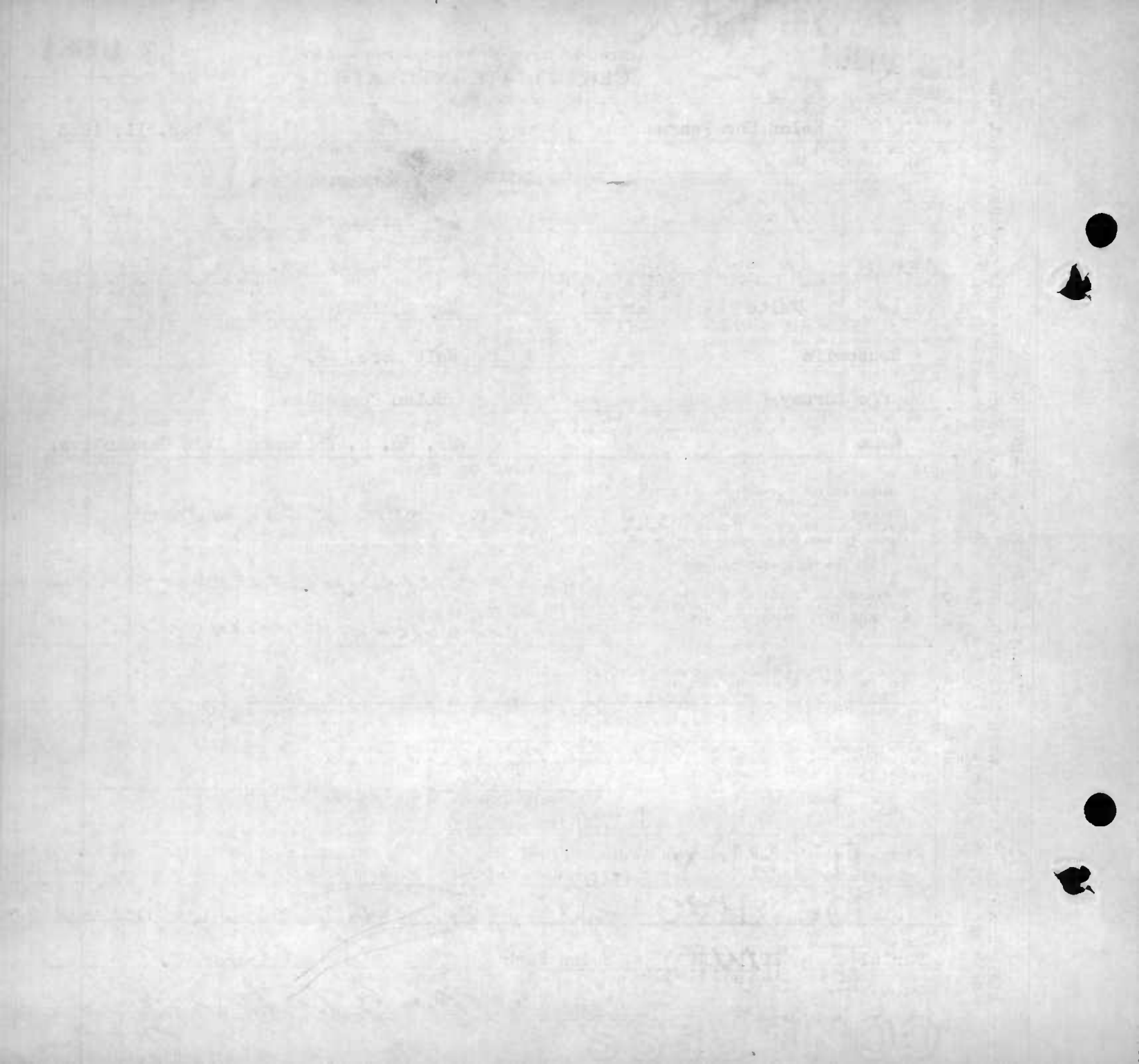
F. 65-5
53 10964BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10964
Registered No.

1. NAME OF DECEASED (Type or Print) Helen Mae Fehrmann			2. DATE OF DEATH Dec. 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1715 Harman Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1715 Harman Ave.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 4, 1884	9. AGE (In years last birthday) 69	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME George Forney			14. MOTHER'S MAIDEN NAME Helen Councilman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) None			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. Wm. H. Fehrmann			ADDRESS 1715 Harman Ave.		
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSIVE CARDIO-VASCULAR DISEASE ARITMICAL FIBRILLATION			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/1 , 19 52 to 12/11 , 19 53 , that I last saw the deceased alive on 12/11 , 19 53 , and that death occurred at 7:10 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE John B. Shaw		23B. ADDRESS 701 Chain Bridge Rd.		23C. DATE SIGNED 12/13/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/14/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1953		24H. REGISTRAR'S SIGNATURE Wm J. Tucker		24I. FUNERAL DIRECTOR Wm J. Tucker	
24J. ADDRESS not a		24K. ADDRESS not a		24L. ADDRESS not a	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

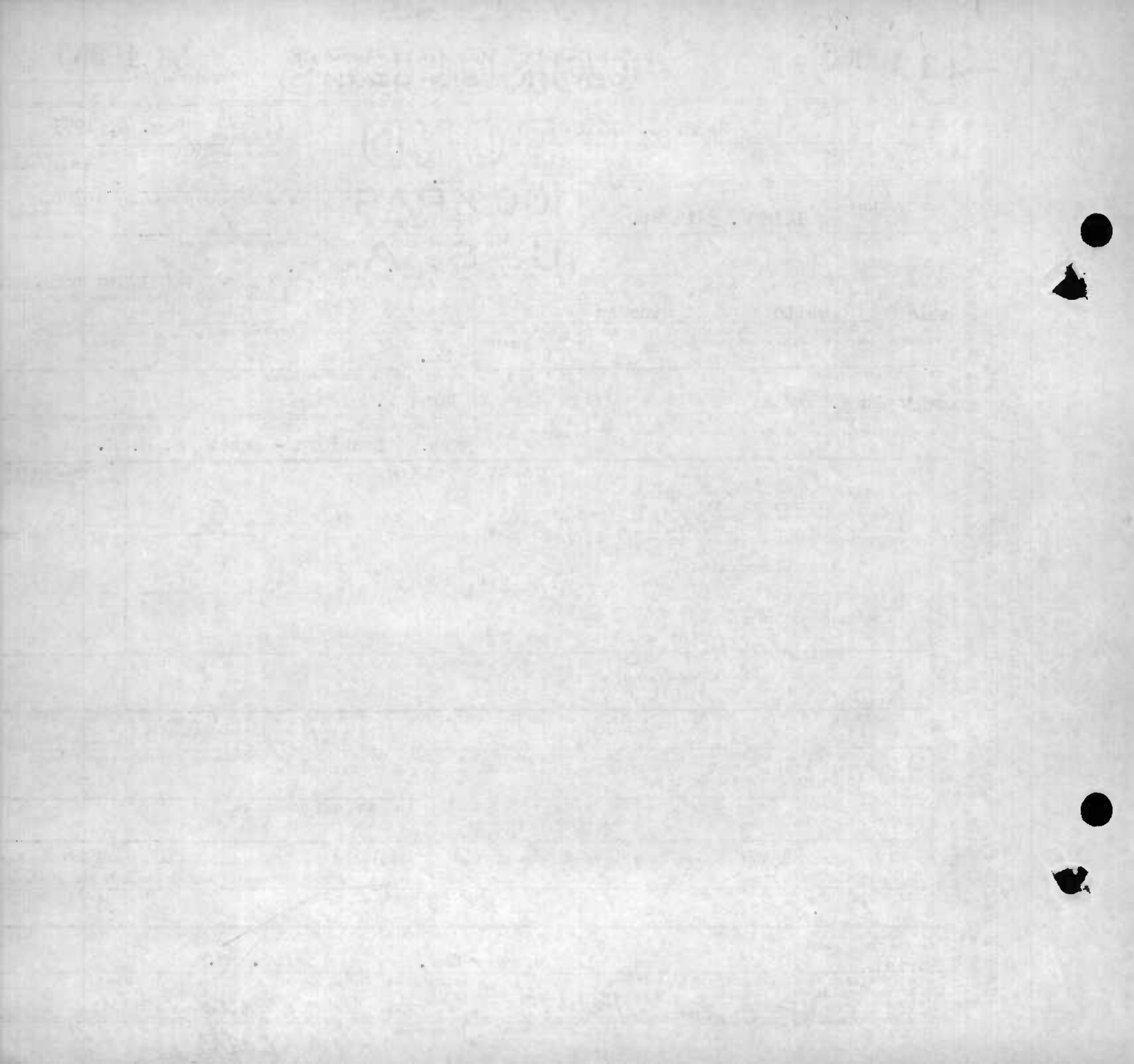


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-320
53 10965BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10965
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		HARRY L. WATTS		Dec. 8, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1424 W. 37th St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1424 W. 37th St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 16, 1864	9. AGE (In years last birthday) 89	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER - SELF			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Benjamin A. Watts		
14. MOTHER'S MAIDEN NAME Mary A. H Wise			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Lankford - Santa Fe, N. M.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Coronary Thrombosis (B) Cardiovascular Atherosclerosis (C)		INTERVAL BETWEEN ONSET AND DEATH Sudden
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Dec 8, 1953 to Dec 8, 1953 that I last saw the deceased alive on Dec 8, 1953, and that death occurred at 5:45 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Neulen Williams		23B. ADDRESS 846 W. 36th St.		23C. DATE SIGNED 12-10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12.14.53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Balto. Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1953		24F. REGISTRAR'S SIGNATURE John Williams, M.D.	
24G. FUNERAL DIRECTOR'S ADDRESS Balto 17, Md.		24H. FUNERAL DIRECTOR'S SIGNATURE John Williams, M.D.			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11-630
53 10966BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10966
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert. W. Merritt.

2. DATE
OF
DEATH

12-12-53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland.

B. COUNTY

Wicomico.

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Salisbury.

D. STREET ADDRESS (If rural, give location)

305 E. COLLEGE AVE.

c. Length of stay in Baltimore

-8-

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

10-20-16

9. AGE (In years last birthday)

37.

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Store Owner

10B. KIND OF BUSINESS OR INDUSTRY

ELECTRICAL Sup.

11. BIRTHPLACE (State or foreign country)

Virginia.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

OSCAR J. MERRITT

14. MOTHER'S MARDEN NAME

Bessie. W. MERRITT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

Iris A Merritt. wife.

ADDRESS

Same.

18. 010.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Tuberculosis. Meningitis.

15 days.

DUE TO

ANTECEDENT CAUSES

(B)

Renal. Tuberculosis abscess.

?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

Psoas. Cold. abscess.

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-11-53.

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Increased Intracranial press

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

III.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4-1953, to 12-12-1953, that I last saw the deceased alive on 12-12-1953, and that death occurred at 11:42 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Longo, M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

12-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-15-53

24C. NAME OF CEMETERY OR CREMATORY

WICOMICO MEMORIAL

24D. LOCATION (City, town, or county) (State)

Wicomico County Md.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 13 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

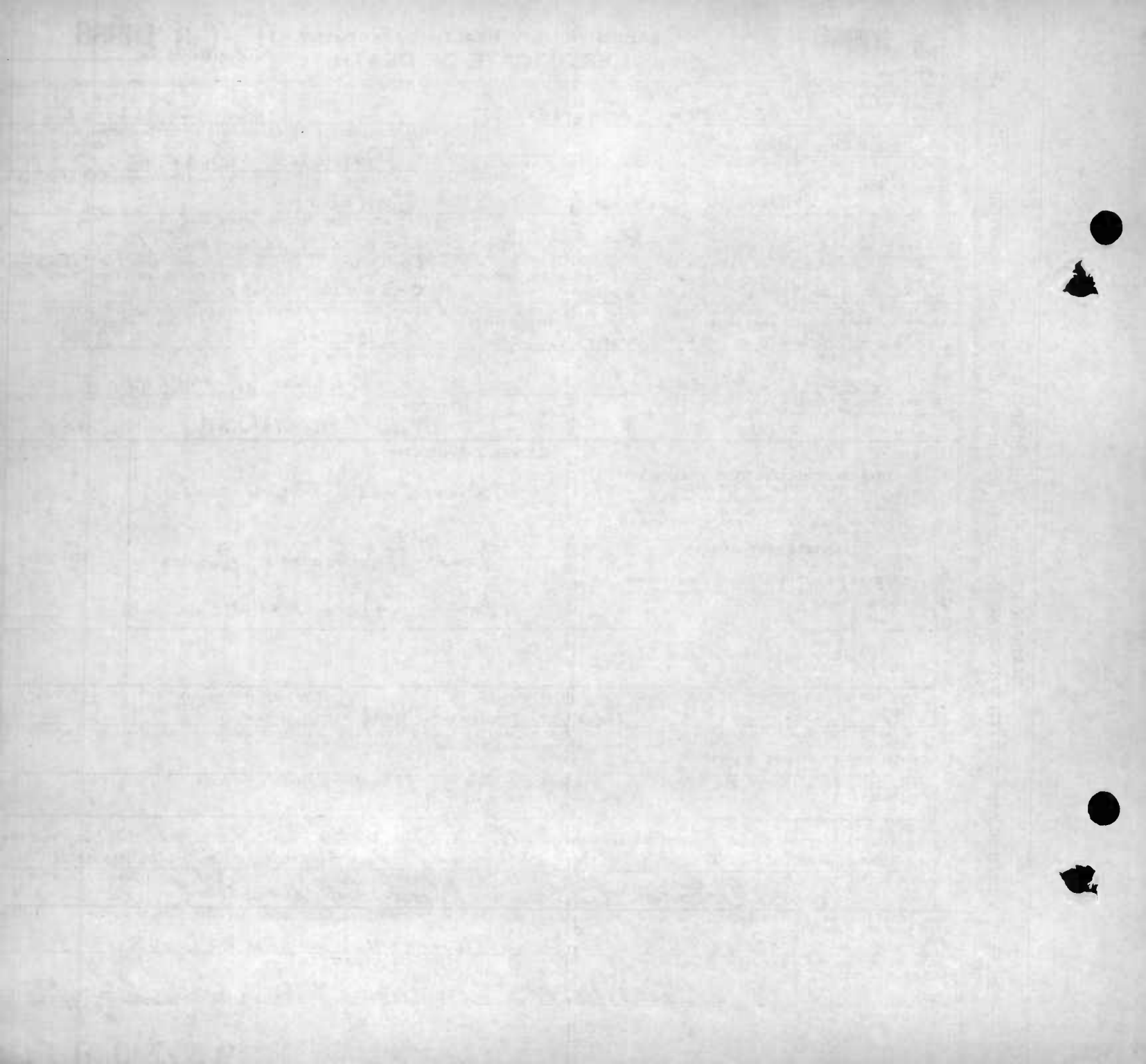
Holloway & Co.

ADDRESS

Salisbury Md.

VS 150

2906A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-125
53 10967BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10967
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth N. Hopkins

2. DATE
OF
DEATH

DECEMBER 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

222 MURROW ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

222 MURROW ST.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOVEMBER 27, 1897 56

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SEAMSTRESS

10B. KIND OF BUSINESS OR
INDUSTRY

Laundry

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael Norton

14. MOTHER'S MAIDEN NAME

Margaret Schisler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

NONE

16. SOCIAL
SECURITY NO.

215-18-9637

17. INFORMANT

ADDRESS

Jennings P. Hopkins 222 MURROW ST.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Accident

1 WK.

DUE TO

ANTECEDENT CAUSES

(B)

Malignant Hypertension

2 yrs.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 3, 1951, to Dec 11, 1953 that I last saw the
deceased alive on Dec 11, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

1933 W. Babel St

23C. DATE SIGNED

12/12/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

BALTIMORE, MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 13 1953

REGISTRAR'S SIGNATURE

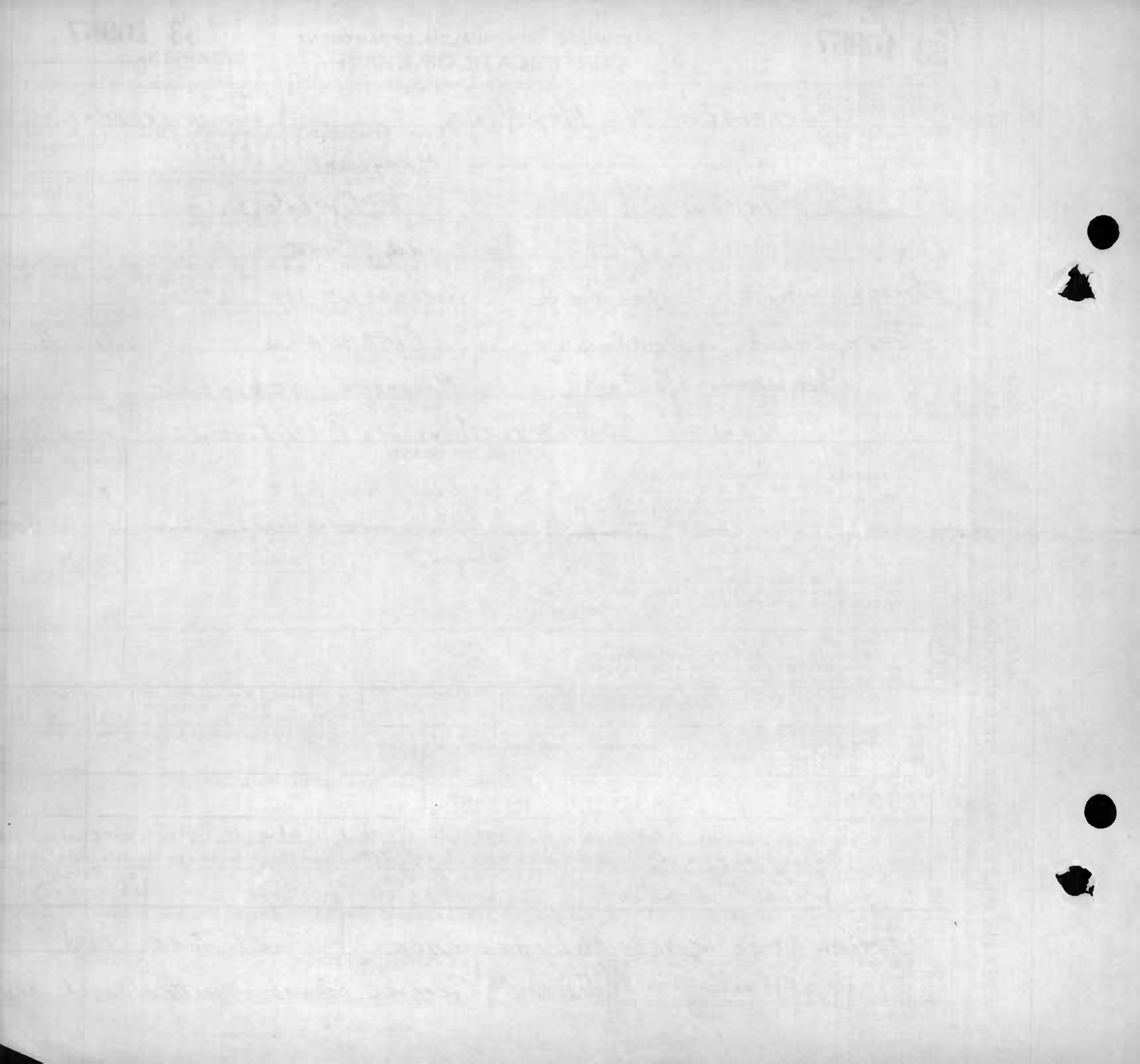
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

GEORGE L. Schwab 2101 Frederick Ave

VS 150

6908C



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT				53 10968	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <u>Edward Harding</u>				2. DATE OF DEATH <u>11/21/53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Anne Arundel</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>38 University Hospital</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
C. Length of stay in Baltimore <u>U</u> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <u>Crownsville Hospital</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>K</u>	8. DATE OF BIRTH <u>N</u>	9. AGE (in years last birthday) <u>68</u>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <u>O</u>		11. BIRTHPLACE (State or foreign country) <u>N</u>	
13. FATHER'S NAME <u>W N</u>			14. MOTHER'S MAIDEN NAME <u>W</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		
18. <u>E917.7</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Arteriosclerotic Cardiovascular Disease</u> (A) <u>Arteriosclerotic Cardiovascular Disease</u>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>3rd Degree burns 30% of Body</u> (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Crownsville, Md. 5200</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>11-13-53</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>burned in pot of boiling water</u>	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , <u>undetermined</u> <input checked="" type="checkbox"/> .					
23A. SIGNATURE <u>William V. Smith</u>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>11/22/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <u>UNIVERSITY MEDICAL SCHOOL</u>	
24D. LOCATION (City, town, or county) (State) <u>EC, 10, 1958</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 13 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>	
ADDRESS					

N949

E917

808 Spa Rd. Annapolis, Md.

MARGIN RESERVED FOR BINDING

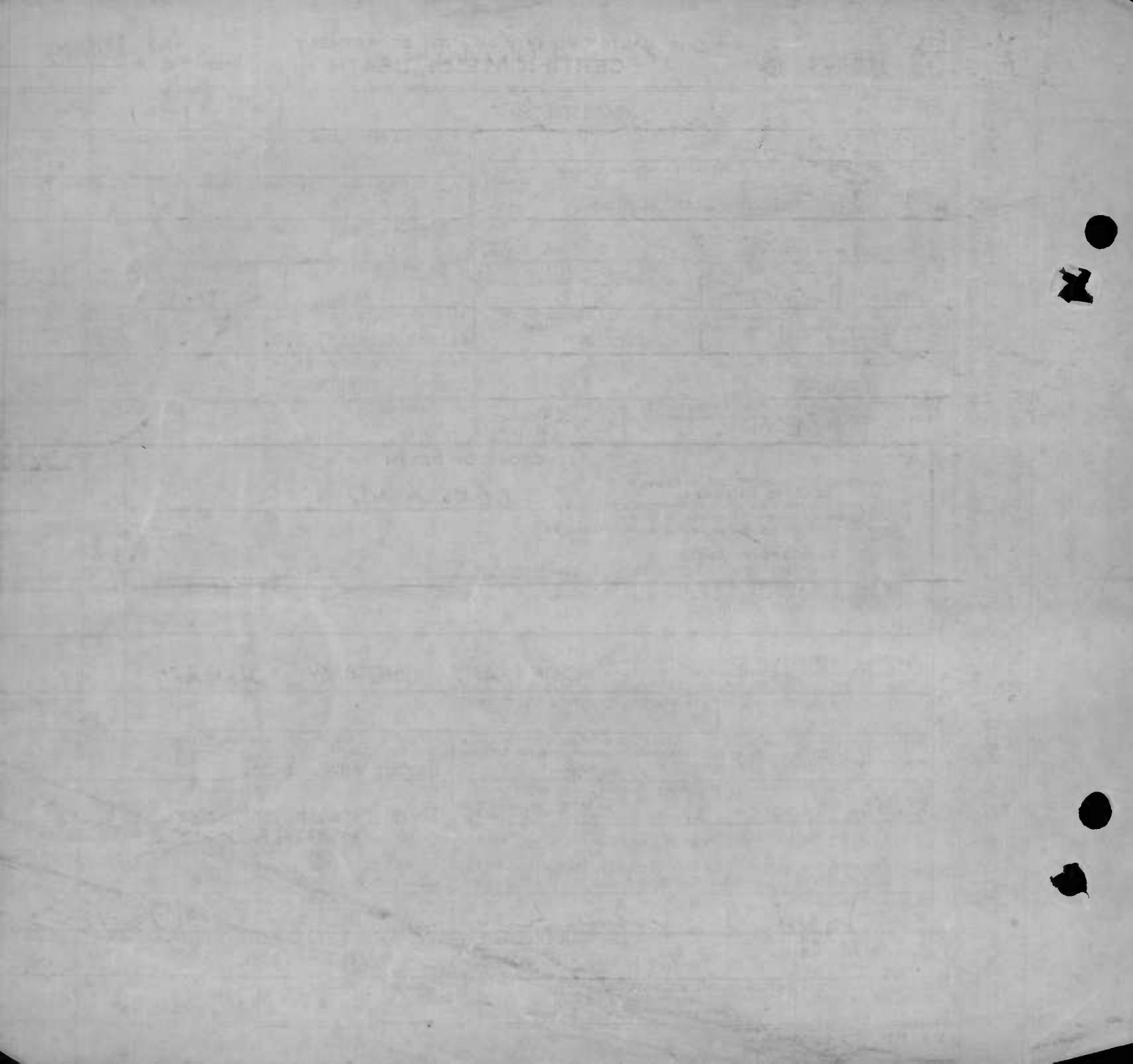
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10969
Registered No.

53 10969 BIRTH NO.		53 10969 Registered No.	
1. NAME OF DECEASED (Type or Print) BEN ATKINSON		2. DATE OF DEATH 10-18-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) K 0.0	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 0 No HOME	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH N
9. AGE (in years last birthday) 45 yrs.		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10B. KIND OF BUSINESS OR INDUSTRY farmer	
11. BIRTHPLACE (State or foreign country) Wilson County, N.C.		12. CITIZEN OF WHAT COUNTRY? yes	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT		ADDRESS	
18. E929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH DROWNING (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CORONARY ARTERY DISEASE			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) harbor	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Harbor #5-Boat Co. 4/1			
21D. TIME (Month) (Day) (Year) (Hour) October 18, 1953 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? Found floating in harbor			
22. I certify that I took charge of the remains described above, held an PARTIAL AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Joseph A. Jankins		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR	
23C. DATE SIGNED 10-18-53			
24A. BURIAL CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS	
V S 151 N990X		82010	

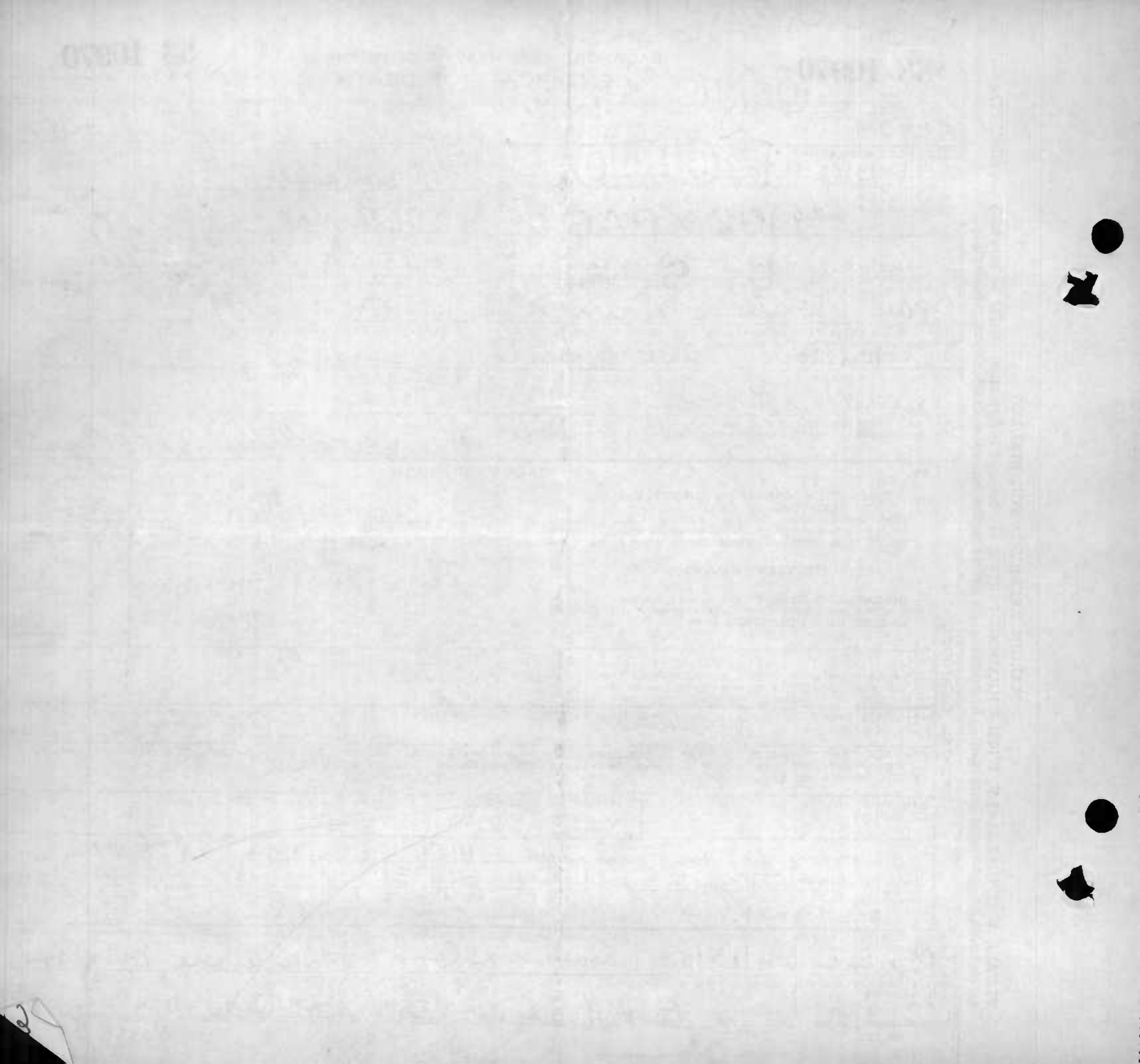


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10970		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10970 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Samuel Proser</i>		2. DATE OF DEATH <i>December 12/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>625 N. Payson Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-04</i>			
C. Length of stay in Baltimore <i>40 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>625 N. Payson Street</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1882</i>	9. AGE (In years last birthday) <i>71</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Proprietor</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Shoe Repair</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
13. FATHER'S NAME <i>Israel Proser</i>		14. MOTHER'S MAIDEN NAME <i>Toba ?</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs Edith Proser - 625 N. Payson St</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>acute coronary thrombosis</i> DUE TO <i>coronary artery sclerosis</i> DUE TO <i>general arteriosclerosis - hypertensive</i> DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>30 min</i> <i>?</i>	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		II			
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1951</i> , 19__, to <i>12/12</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/12/53</i> , and that death occurred at <i>9:30 p.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Michael Sklar</i>		23B. ADDRESS <i>2300 Luthw Pl</i>		23C. DATE SIGNED <i>12/13/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/13/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sodora Cong</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Maryland</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 13 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
24G. VS 150		24H. FUNERAL DIRECTOR <i>Sol. Levinson</i>		24I. ADDRESS <i>Broz - 1124-26 W. North Ave</i>	

5228E



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

53 10971		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10971 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		WILLIAM F. WARNER.		Dec 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3424 Chestnut Ave		C. CITY OR TOWN Baltimore		13-06	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3424 Chestnut Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 9, 1861	9. AGE (In years, last birthday) 92	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer		10B. KIND OF BUSINESS OR INDUSTRY Penna R.R.		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Doris E. Martin	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Senility and Atherosclerosis - cardiac changes myocardial infarction		19. DATE OF OPERATION 0		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		21. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1, 1953 to Dec 10, 1953, that I last saw the deceased alive on Dec 10, 1953, and that death occurred at 7P m., from the causes and on the date stated above.					
23A. SIGNATURE WMB mth		23B. ADDRESS 3424 Chestnut Ave		23C. DATE SIGNED Dec 11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 14/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) Woodlawn, Md.		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS 3818 Roland Ave	
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 31 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Doris E. Martin	
VS 150					

W

C #

3:1719

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10972
Registered No. _____

BIRTH NO. _____

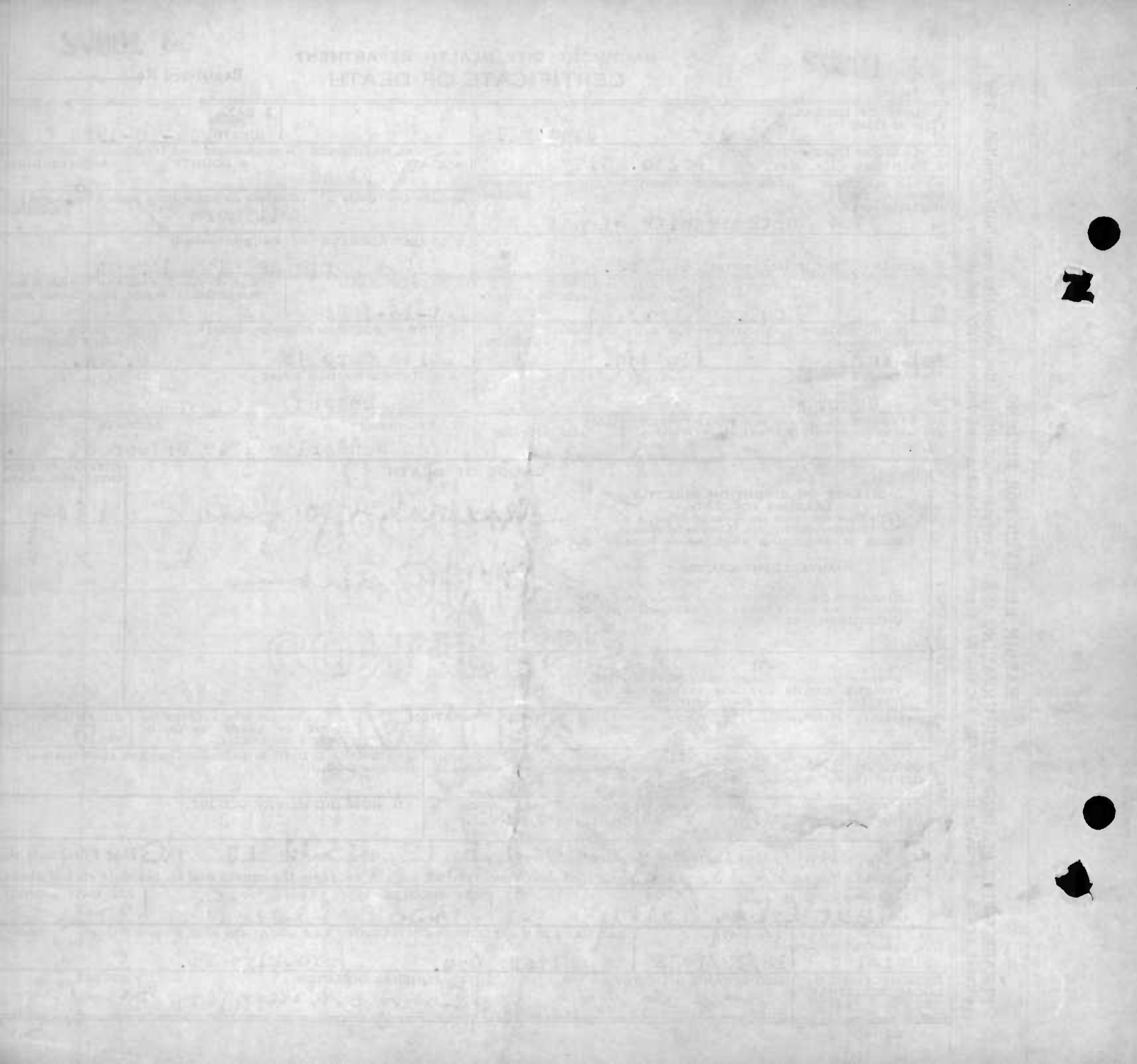
1. NAME OF DECEASED (Type or Print) William Sanderling		2. DATE OF DEATH Dec-10-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1704 North Asquith Street		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 9-09	
c. Length of stay in Baltimore 25 Yrs. Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1704 North Asquith Street	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov-18-1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In Gen.	9. AGE (In years, last birthday) 71
11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Ellen Sanderlin		ADDRESS 1749 Orlean St	

18. 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral apoplexy DUE TO Hypertension		INTERVAL BETWEEN ONSET AND DEATH 1 day ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED _____	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 11-15-1953 to 12-10-1953 that I last saw the deceased alive on 12-10-1953 and that death occurred at 8A.m. , from the causes and on the date stated above.			
23A. SIGNATURE Wm. C. Berry		23B. ADDRESS 1420 C. Chase St.	23C. DATE SIGNED 12-12-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/12/1953	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR'S ADDRESS W. Wilson 1000 Brantley Ave	

VS 150

97099



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

W-300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10973

Registered No.

BIRTH NO. 53 10973

1. NAME OF DECEASED
(Type or Print)

ROBERT

WYATT

2. DATE
OF
DEATH

12/9/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE
B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

908 N. Arlington Ave.

C. Length of stay in Baltimore

40 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 6, 1885

9. AGE (In years last birthday)

68

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Richmond Virginia

12. CITIZEN OF WHAT COUNTRY

14. MOTHER'S MAIDEN NAME

Unknown

13. FATHER'S NAME

Charles Wyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary Wyatt-908 N. Arlington Ave.

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. P. Fisher

23B. CHIEF MEDICAL EXAMINER..... M.D.
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

12/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/13/53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county) (State)

Balto. Co. MD.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 13 1953

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

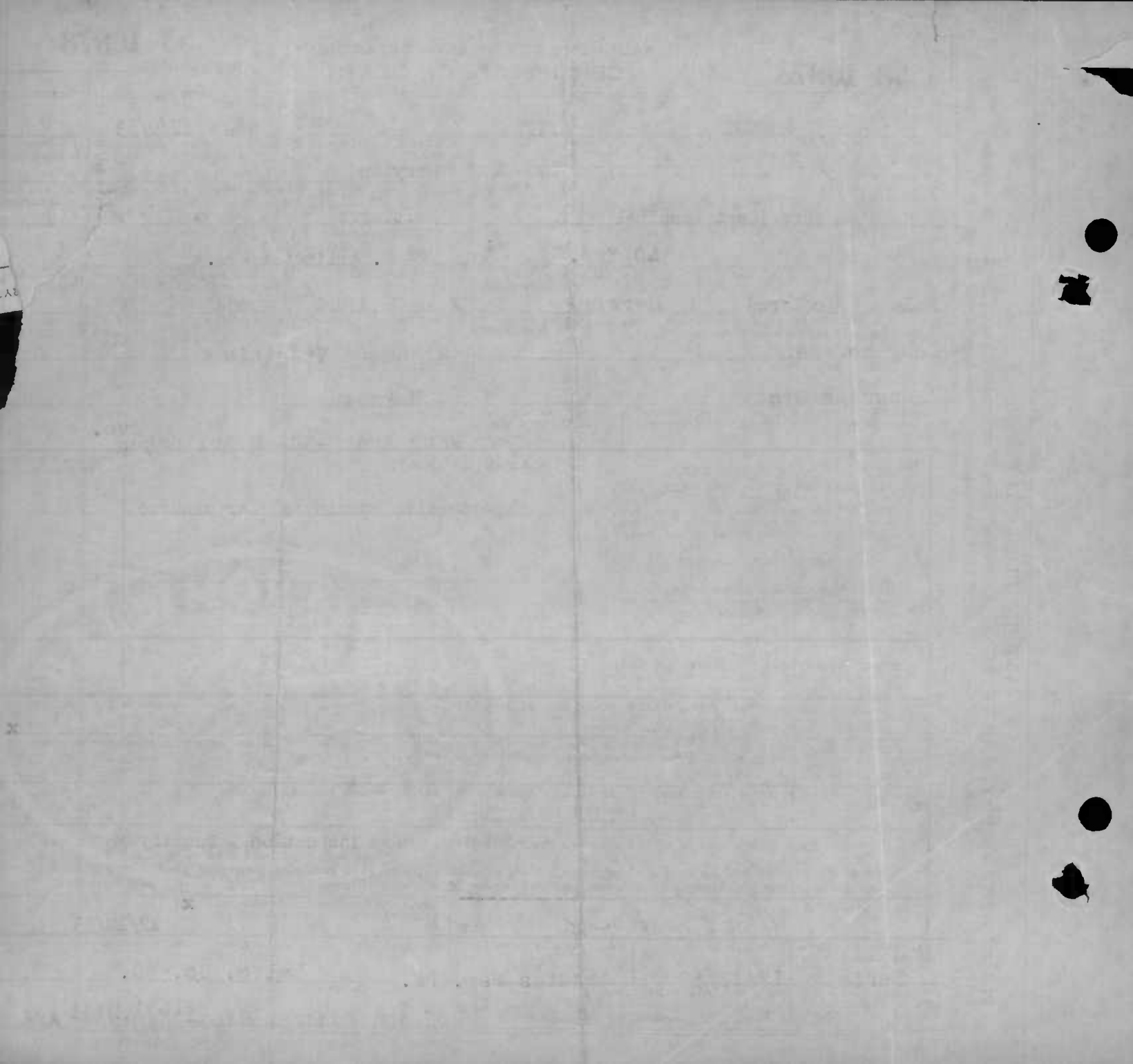
Holland Funeral Home

ADDRESS

1631 Hill Ave

VS 151

94055 Mrs. Geo. A. Holland



B-6000slen 3

O. S. Schilling

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10974
Registered No.

53 10974

BIRTH NO.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.1. NAME OF DECEASED
(Type or Print)

Elizabeth Bauer

2. DATE
OF
DEATH

December 11/1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Md.
B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION
JOHNS HOPKINS HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-19D. STREET ADDRESS (If rural, give location)
5612 Park Heights Ave.

c. Length of stay in Baltimore

62 Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3 - 90

9. AGE (In years,
last birthday)

63

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Russia12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herish

14. MOTHER'S MAIDEN NAME

Moely

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 024X and 323X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebrovascular accident

3 d.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Morphine addiction

10 yrs.

(C)

Visceral leishmaniasis

20 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Malnutrition

20 yrs.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-9, 1953, to 12-11, 1953, that I last saw the
deceased alive on 12-11, 1953, and that death occurred at 7:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Hiederman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-13-53

24C. NAME OF CEMETERY OR CREMATORY

Herring Run

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mr. Jack Lewis 2100 Center Pl

ADDRESS

12/13/53

Talked to Dr. Jachin^eyz

Ref. Cause of Death O.K.

J. Boyle

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10975		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10975	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) CLAYMAN, BENJAMIN		2. DATE OF DEATH 12-13-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 117 Sinai Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17		D. STREET ADDRESS (If rural, give location) 2836 Oakley Ave	
c. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH 9-25-83		9. AGE (In years last birthday) 70	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Not known		14. MOTHER'S MAIDEN NAME Not known		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Benjamin Clayman	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute Pulmonary Edema		CAUSE OF DEATH (A) Anterior Myocardial Infarction DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/12, 1953 to 12/13, 1953 that I last saw the deceased alive on 12/13, 1953 and that death occurred at 12:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Jules Brown		23B. ADDRESS Sinai Hosp		23C. DATE SIGNED 12-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-14-1953		24C. NAME OF CEMETERY OR CREMATORY Rosecliff	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		24E. NAME OF CEMETERY OR CREMATORY Rosecliff		24F. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Frank Lewis	
VS 150		5906 E		ADDRESS 2100 Eutan Pl	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10976
Registered No.

BIRTH NO. 53 10976		1. NAME OF DECEASED (Type or Print) <i>Mary Grace Kneisley</i>		2. DATE OF DEATH <i>12/12/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3605 N. Rogers Ave</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>28-41</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>10</i>		D. STREET ADDRESS (If rural, give location) <i>3605 N. Rogers Ave</i>		E. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>9/21/1873</i>	9. AGE (In years last birthday) <i>80</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Strasburg Pa.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>George Washington Balthis</i>		14. MOTHER'S MAIDEN NAME <i>Mary Michael</i>		17. INFORMANT ADDRESS <i>Mrs. William Anthony Rogers 3605 N. Rogers Ave</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		18. <i>420.0</i> CAUSE OF DEATH	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Coronary embolus</i>		INTERNAL BETWEEN ONSET AND DEATH <i>1 hour</i>	
ANTECEDENT CAUSES		(B) <i>Arteriosclerotic heart</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>diarrhea</i>		<i>1 year</i>	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-11-1953</i> to <i>12-12-1953</i> , that I last saw the deceased alive on <i>12-12-1953</i> , and that death occurred at <i>8 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Edward H. Warm</i> M. D.		23B. ADDRESS <i>2604 Garrison Rd</i>		23C. DATE SIGNED <i>12-12-53</i>	
24A. BURIAL, CREMATION (REMOVAL) (Specify)	24B. DATE <i>12/13/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Liverview Cmt.</i>		24D. LOCATION (City, town, or county) (State) <i>Strasburg Pa</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 13 1953</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>	25. FUNERAL DIRECTOR <i>William J. Dickens</i>		ADDRESS <i>North Ave Ave Balto 17, Md.</i>	

53 10977

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10977
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

albert Clark

2. DATE
OF
DEATH

Dec 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

326 n. mount st

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

19-01

D. STREET ADDRESS (If rural, give location)

326 n. mount st

C. Length of stay in Baltimore

15 mos.

5. SEX

m

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1873

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

major Clark

14. MOTHER'S MAIDEN NAME

C

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Blanch Wallington 326 n. mount st

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-vascular -
Renal Disease

DUE TO

(C)

2 weeks

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5, 1953, to 12/12, 1953, that I last saw the
deceased alive on 12/12, 1953, and that death occurred at 10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph W. Beckley, Jr.

M. D.

23B. ADDRESS

426 n. Queen St

23C. DATE SIGNED

12/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-15-53

24C. NAME OF CEMETERY OR CREMATORY

Chatham 2a

24D. LOCATION (City, town, or county)

2a

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George S. Nelson

ADDRESS

1303 Presbman st

THE BOARD OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH
BUREAU OF VITALS

CASE NO. 12345

REPORT OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF REPORT

REPORTED BY

SIGNATURE

PRINTED NAME

ADDRESS

CITY

STATE

COUNTY

ZIP CODE

TELEPHONE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

DATE OF REPORT

REPORTED BY

SIGNATURE

PRINTED NAME

ADDRESS

CITY

STATE

COUNTY

ZIP CODE

TELEPHONE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

DATE OF REPORT

REPORTED BY

SIGNATURE

PRINTED NAME

ADDRESS

CITY

STATE

COUNTY

ZIP CODE

TELEPHONE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

DATE OF REPORT

REPORTED BY

SIGNATURE

PRINTED NAME

ADDRESS

CITY

STATE

COUNTY

ZIP CODE

TELEPHONE

W-160

53 10978

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10978
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julia Fonaberger Weaver

2. DATE
OF
DEATH

12/9/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

608 N. Fulton Ave.

C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township)

Balto.

1604

D. STREET ADDRESS (If rural, give location)

608 N. Fulton Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 27, 1892

9. AGE (in years
last birthday)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Stanley N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Elias Potts

14. MOTHER'S MAIDEN NAME

Betty ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Florence Copeland

ADDRESS

608 N. Fulton Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

1 year

DUE TO

(C)

Coronary Thrombosis

1 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 4, 1953, to Dec 9, 1953, that I last saw the deceased alive on Dec 7, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Douglas Sheppard M.D.

23B. ADDRESS

604 N. Fulton Ave.

23C. DATE SIGNED

12/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/13/1953

24C. NAME OF CEMETERY OR CREMATORY

St. V. Calvary Cem.

24D. LOCATION (City, town, or county)

Cedar Hill Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm. R. Williams

ADDRESS

3229

1000

RECEIVED

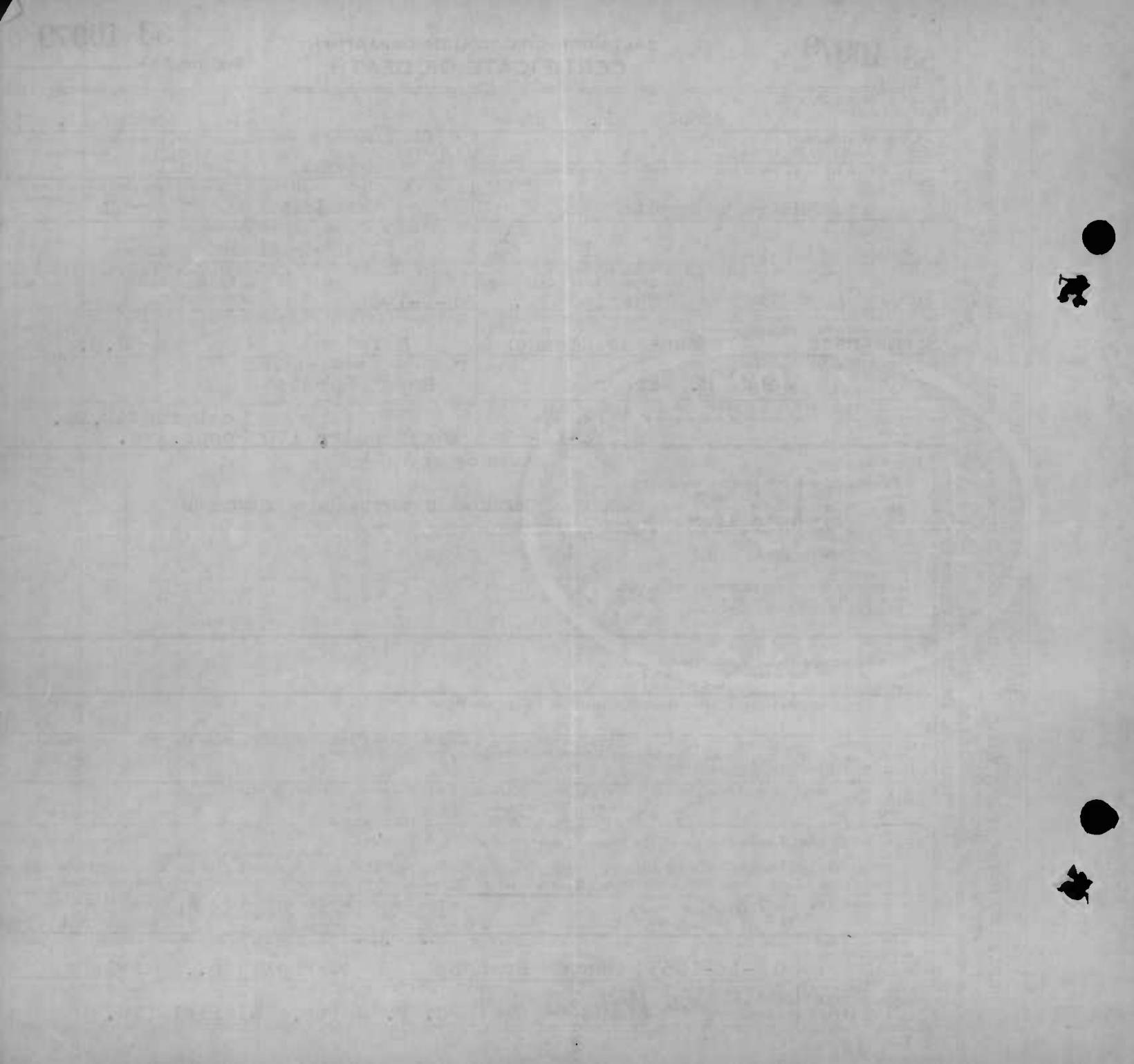
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

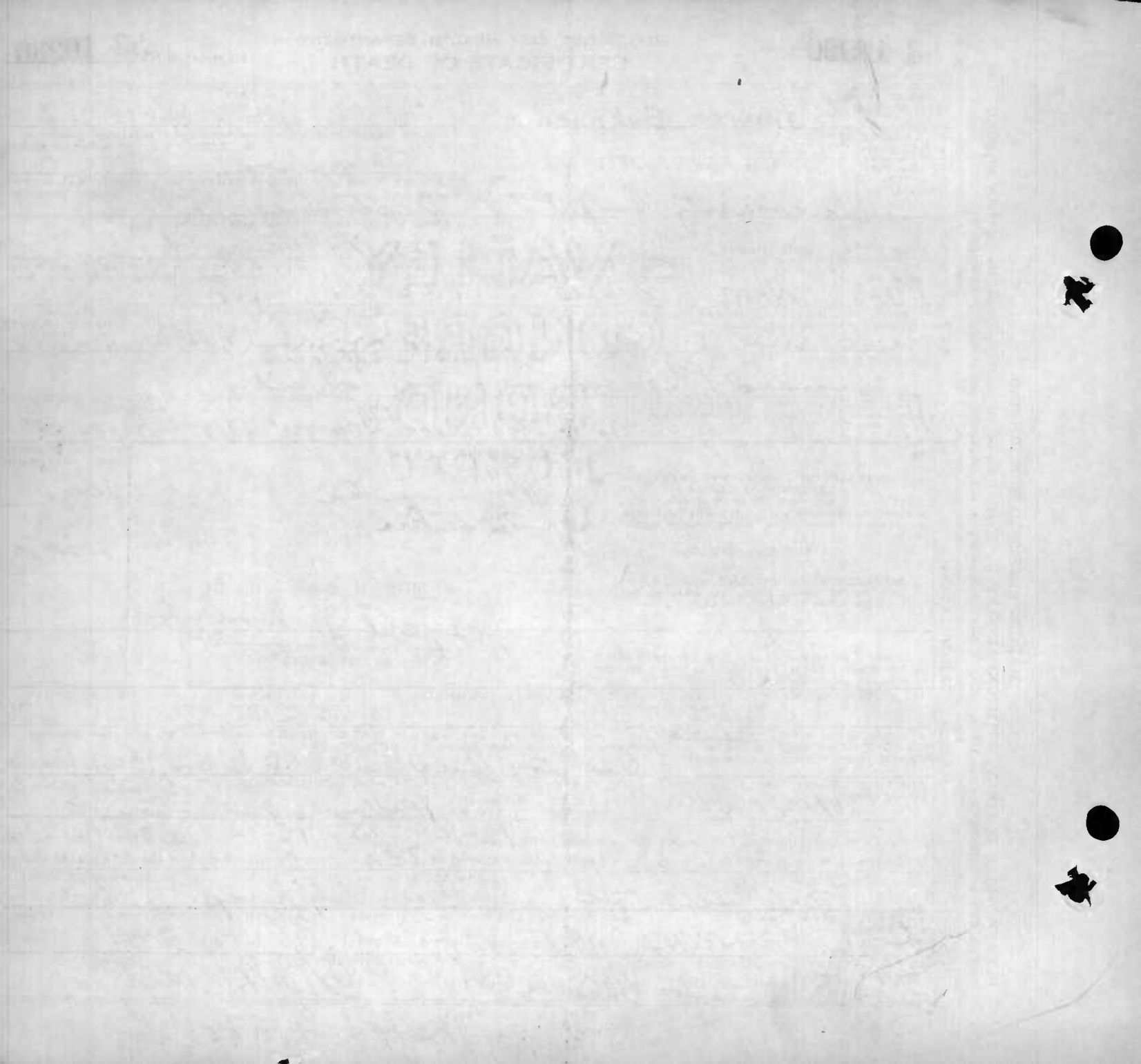
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 10979 Registered No.	
BIRTH NO. 53 10979				2. DATE OF DEATH December 11, 1953	
1. NAME OF DECEASED (Type or Print) JESSIE P. BAIR					
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Carroll			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westminster			
c. Length of stay in Baltimore 1		D. STREET ADDRESS (If rural, give location) 190 Pennsylvania Avenue			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-2-1900	9. AGE (In years, last birthday) 53	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10B. KIND OF BUSINESS OR INDUSTRY Monarch Cleaners		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John H. Barber			14. MOTHER'S MAIDEN NAME Rosa Harris		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 214-14-6090		17. INFORMANT Westminister, Md. Edgar Baird 190 Penna. Ave.	
18. 331x CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral hemorrhage, spontaneous DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED December 11, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-14-1953		24C. NAME OF CEMETERY OR CREMATORY Meadow Branch	
24D. LOCATION (City, town, or county) (State) Carroll Co., Maryland		25. FUNERAL DIRECTOR ADDRESS C. M. Waltz, Winfield, Md.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE H. W. Williams, Jr.			
VS 151 js		6908C			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10980		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10980	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Cameron, Bernard R. Jr.			2. DATE OF DEATH 12-12-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 38 University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 1312 Mos. McHenry St. Days			D. STREET ADDRESS (If rural, give location) 1312 McHenry St.		
5. SEX MALE	6. COLOR OF RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 7-22-26	9. AGE (In years last birthday) 27	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier		10B. KIND OF BUSINESS OR INDUSTRY Govt		11. BIRTHPLACE (State or foreign country) Maryland BALTO	
13. FATHER'S NAME Bernard R. Cameron Sr.			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No			16. SOCIAL SECURITY NO. 716-76-3904		17. INFORMANT Edna J. Cameron
18. 061X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) I Pneumonia Tetanus			CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 days 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CERTIFICATION APPROVED BY Joseph A. Jankowski CHIEF OR ASST. MEDICAL EXAMINER.		
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) UNDERLYING		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Dentists Office		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Office of Dr. B. Gordon 1600 Wilkes Ave	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11/12/53		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Dental plate	
22. I hereby certify that I attended the deceased from 12-10 19 53 to 12-12 19 53 , that I last saw the deceased alive on 12-12 19 53 , and that death occurred at 7:03 Am., from the causes and on the date stated above.					
23A. SIGNATURE F.E. Whislow Jr.			23B. ADDRESS University Hosp.		23C. DATE SIGNED 12-12-53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-15-1953		24C. NAME OF CEMETERY OR CREMATORY MT OLIVE Cem	
24D. LOCATION (City, town, or county) BALTO MD		24E. FUNERAL DIRECTOR Wm. H. Pratt		24F. ADDRESS 39090 Pratt & Stricker Sts	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. H. Pratt	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department				53 10981	
CERTIFICATE OF DEATH				Registered No. 53 10981	
1. NAME OF DECEASED (Type or Print) <u>Willem, Henry Herman</u>				2. DATE OF DEATH <u>December 11, 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 13</u>			
c. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1630 N. Gay Street</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/15/98</u>	9. AGE (In years last birthday) <u>55 Yr.</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Willem's Tavern</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>	
13. FATHER'S NAME <u>Edward Williem</u>		14. MOTHER'S MAIDEN NAME <u>Emelia Daus</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs Augusta D. Willem</u>	
18. <u>152x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cirrhosis of liver</u>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Carcinomatosis, primary site duodenum</u>		DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>November 23, 1953</u> , to <u>December 11, 1953</u> , that I last saw the deceased alive on <u>December 11, 1953</u> and that death occurred at <u>8:20 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>J. Thoden J. V.</u>		23B. ADDRESS <u>1100 N. Caroline Street</u>		23C. DATE SIGNED <u>Dec. 11, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/14/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore Cemetery</u>	
				24D. LOCATION (City, town, or county) (State) <u>Baltimore Maryland</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 14 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Henry Sander & Sons Inc.</u>	
				ADDRESS <u>Baltimore Maryland</u>	

290677

Henry P. Sander.

NAME _____
ADDRESS _____
DATE _____
BODY TAKEN BY _____

W-560
53 10982BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10982

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Louis H. Wiener</i>		2. DATE OF DEATH <i>Dec. 10, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Maryland</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>118 Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1749 Darby Ave. #13</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>July 15, 1880</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Book keeper</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Meat Packer</i>	9. AGE (in years last birthday) <i>73</i>
13. FATHER'S NAME <i>Adam Wiener</i>		14. MOTHER'S MAIDEN NAME <i>Caroline Younger</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>213-10-5012</i>	
17. INFORMANT <i>Clara Beckmyer</i>		ADDRESS <i>1749 Darby Ave #13</i>	
18. <i>491X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Frontal Terminal Meningitis</i> DUE TO (B) <i>Hydrocephalus</i> DUE TO (C) <i>Broncho pneumonia, left lower lobe</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 mos.</i>			
19. DATE OF OPERATION <i>0</i> 19b. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>Sept. 26</i> , 19 <i>53</i> , to <i>Dec. 10</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Dec. 10</i> , 19 <i>53</i> , and that death occurred at <i>8:30 p. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Valeriana B. Castile</i>		23B. ADDRESS <i>Maryland General Hospital</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/14/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 14 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Henry Sander & Sons Inc.</i>		ADDRESS <i>Baltimore, Maryland</i>	

1952

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

WASHINGTON, D.C.

WALLACE

COLEMAN

EDWARD

JOHN

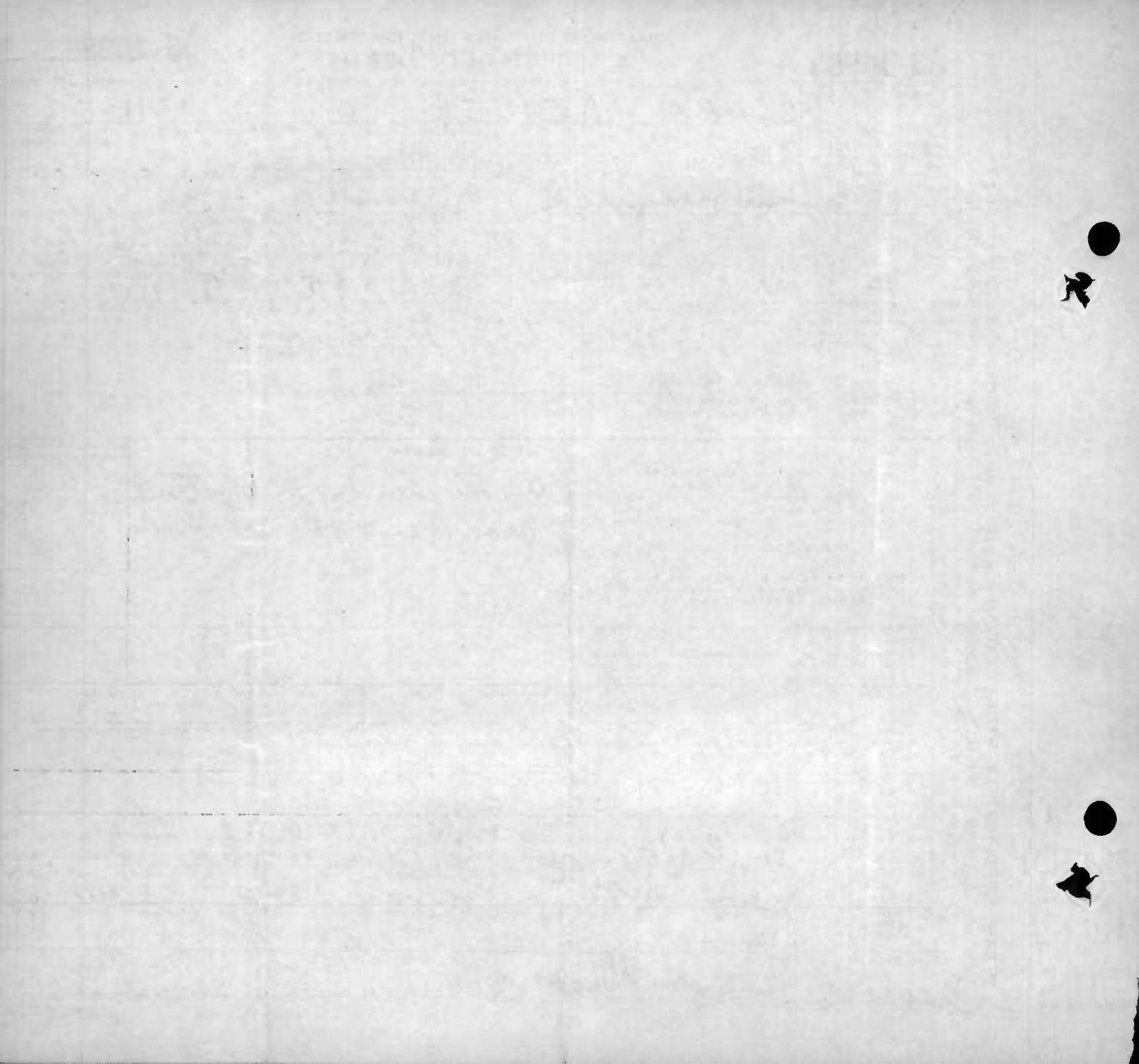
U.S.A.



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

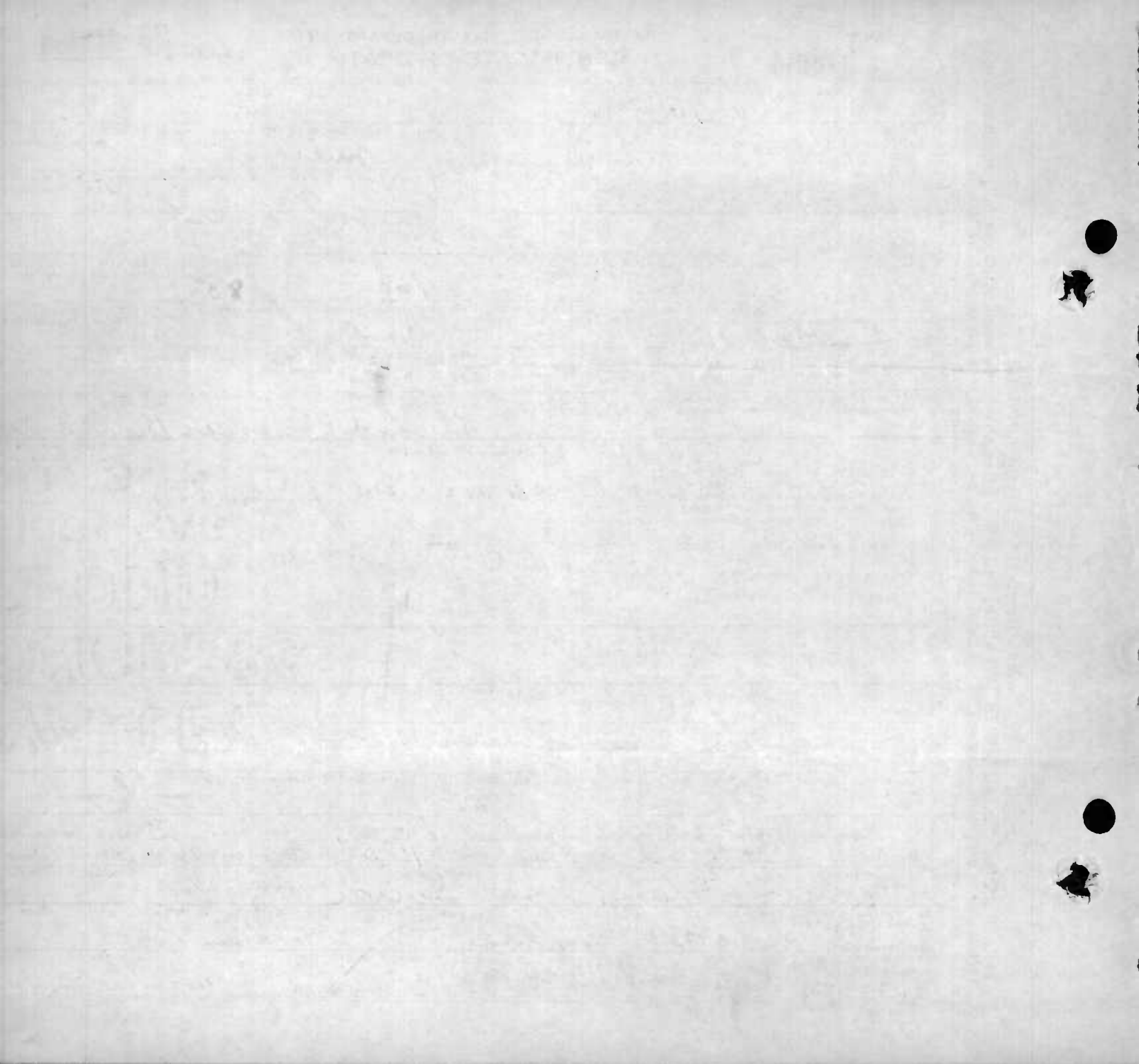
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 10983	
1. NAME OF DECEASED (Type or Print) CLARA REISER			2. DATE OF DEATH 12/12/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO		
B. FULL NAME OF HOSPITAL OR INSTITUTION 412 Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2922 Putty Hill Rd		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 12-25-1865	9. AGE (In years, less birth day) 87	10. Under 1 Year Months: Days: Hours: Min. 11 13
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor			10B. KIND OF BUSINESS OR INDUSTRY Millinery Shop		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Rubin Reiser			14. MOTHER'S MAIDEN NAME un Clara		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Henry Miller, 7703 Cross End Road			ADDRESS		
18. 570.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) acute intestinal obstruction 4 days DUE TO post operative adhesions (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH 4 days		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/11 , 19 53 to 12/12 , 19 53 , that I last saw the deceased alive on 12/12 , 19 53 and that death occurred at 730A am., from the causes and on the date stated above.					
23A. SIGNATURE Julius Edlow		23B. ADDRESS Lincoln Hwy		23C. DATE SIGNED 12/12/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12-14-53		24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland					
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR David R. Martin	
				ADDRESS David R. Martin, 1902 Eutaw Place	



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 10984	
BIRTH NO. 53 10984			2. DATE OF DEATH 12-12-53		
1. NAME OF DECEASED (Type or Print) Harry G. Harris			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
3. PLACE OF DEATH: A. Baltimore City, Maryland			A. STATE md.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 112 Sinai Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balti. 13-06		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3331 Chestnut Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4/1/68	9. AGE (In years last birthday) 85	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist (Retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Theodore R. Harris 3616 Beauchamp Rd.		
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Sigmoid Colon			CAUSE OF DEATH (A) Carcinoma of Sigmoid Colon DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. Acute Coronary Occlusion			(B) Acute Coronary Occlusion DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/11/53 to 12/12/53 , that I last saw the deceased alive on 12-12-53 , and that death occurred at 1:50 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert Ireland		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 15 1953		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Woodlawn Md.					
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Paul E. Bennett 3615 71st Chestnut Ave	



N-240
53 10985BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10985
Registered No.

BIRTH NO. 53-29750

1. NAME OF DECEASED
(Type or Print)

ELOISE MARY VOGEL

2. DATE
OF
DEATH

12-13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

26-02

D. STREET ADDRESS (If rural, give location)

5205 Barbara Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Female

white

single

Dec. 6, 1953

6

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

child

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Richard E. Vogel, Jr.

14. MOTHER'S MAIDEN NAME

Mary Emmerth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Father

ADDRESS

5205 Barbara Avenue

18. 763.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Interstitial pneumonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23. SIGNATURE

Joseph A. Jachimczyk

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED
12-13-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Dec. 14, 1953

Holy Redeemer Cem.

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

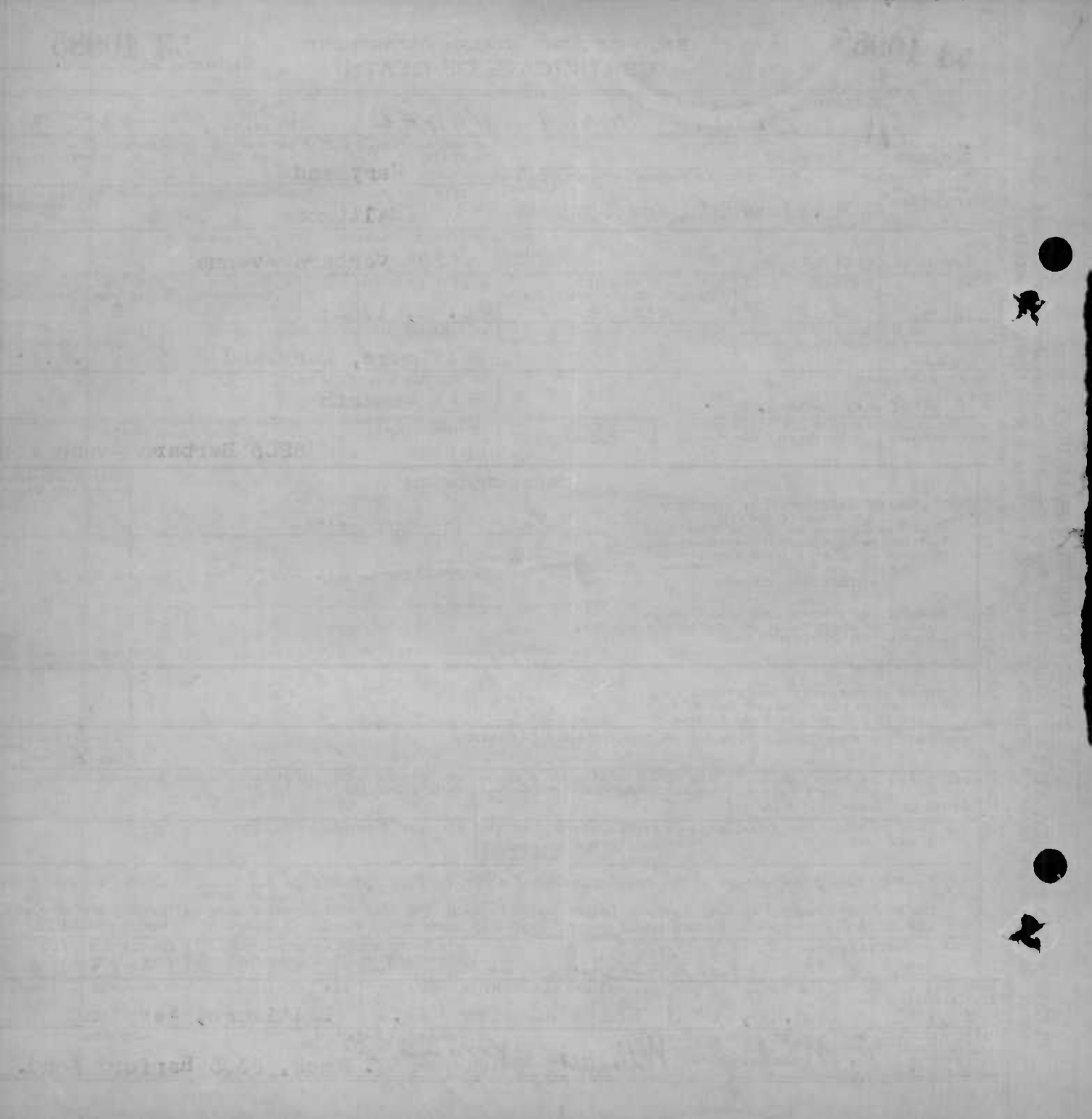
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1953

Huntington Williams, M.D.
Leonard J. Ruck, 5305 Harford Road.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10986

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LETTIE BURKE

2. DATE
OF
DEATH 12/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

N.Y.C. N.Y.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1145 WOODYEAR STREET

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

NEW YORK CITY.

D. STREET ADDRESS (If rural, give location)

298 W. 149th STREET

c. Length of stay in Baltimore

4 MONTHS

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

2/1/1913

9. AGE (In years
last birthday)

40

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEKEEPER

10B. KIND OF BUSINESS OR
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

CALVERT COUNTY, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

THOMAS BURKE

14. MOTHER'S MAIDEN NAME

HATTIE JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HATTIE BURKE 1145 WOODYEAR ST

18.

156.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10, 1953 to 12/11, 1953 that I last saw the
deceased alive on 12/11, 1953 and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joan H. Wilkes

M. D.

23B. ADDRESS

6014 N. Calhoun St

23C. DATE, SIGNED

12/12/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/11/53

24C. NAME OF CEMETERY OR CREMATORY

ST. JOHNS CEM.

24D. LOCATION (City, town, or county)

CALVERT COUNTY, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

CHAS. G. COOPER-512 CARROLLTON AV.

DEC 14 1953

VS 150

72084

Charles G. Cooper

1944

UNITED STATES DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

1944

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10987
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lavinia E. Peregoy

2. DATE
OF
DEATH

Dec. 11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

507 Old Orchard Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

507 Old Orchard Road

c. Length of stay in Baltimore 71 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 20, 1866

9. AGE (in years
last birthday)

86

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Rowland Archer

14. MOTHER'S MAIDEN NAME

Emma Hunter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Mildred A. Dorsey, 507 Old Orchard

18. 420.0

CAUSE OF DEATH

RD INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Terminal myocardial failure
DUE TO with pulmonary edema,

9 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic heart disease
DUE TO with hypertensionmore
than
23 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1930, to Dec 11, 1953, that I last saw the
deceased alive on Dec 11, 1953, and that death occurred at 11:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Kemon H. Woodward, D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

Dec 12, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 14/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry H. Hutzke

ADDRESS

4101 Edmondson Ave.

WALTER

CONG

NO

19

19

19

19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 53 10988	
CERTIFICATE OF DEATH					
1. NAME OF DECEASED (Type or Print)		Henrietta Ruhe		2. DATE OF DEATH DEC 12 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Emergency Room		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 33 JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-01		D. STREET ADDRESS (If rural, give location) 3434 Belair Rd.	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 24, 1874	9. AGE (In years last birthday) 79	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Conrad Kistner		14. MOTHER'S MAIDEN NAME Katherine ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Acute myocardial infarction DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 11:07:12-12-1953, to 11:55:12-12-1953 that I last saw the deceased alive on 12-12-1953, and that death occurred at 11:55 PM, from the causes and on the date stated above.			
23A. SIGNATURE John L. Hebrun		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 16, 1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. 141053 VS 150		24H. FUNERAL DIRECTOR Leonard J. Ruck		24I. ADDRESS 5305 Harford Road.	

NOT A MEDICAL EXAMINER'S CASE
R. B. [Signature]
M.D.
CHIEF OR ASST. MEDICAL EXAMINER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ANNA McKIE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 10989
Registered No. _____

53 10989

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Anna McKie</i>			2. DATE OF DEATH <i>Dec. 12, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>60 The Mount Nursing Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>813 Eutaw St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Nov. 26, 1880</i>		9. AGE (in years last birthday) <i>73</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At home</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Julius Fink</i>			14. MOTHER'S MAIDEN NAME <i>Margaret Trimp</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT ADDRESS <i>Augusta Marling-2216 Callow Ave.</i>		

18. *422.1 and 156.1*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Cardio Vascular Disease*

DUE TO

(B) *Carcinoma of Liver*

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Oct. 27, 1953* to *Dec 12, 1953* that I last saw the deceased alive on *Nov 29, 1953* and that death occurred *Nov 29, 1953* from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Dec. 15, 1953

Oaklawn

Dundalk, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams

Ellsworth Armacost
4600 Liberty Hgts. Ave.

DEC 14 1953

VS 150

Page 1

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF

Washington, D.C.

MEMORANDUM FOR THE CHIEF OF STAFF
SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

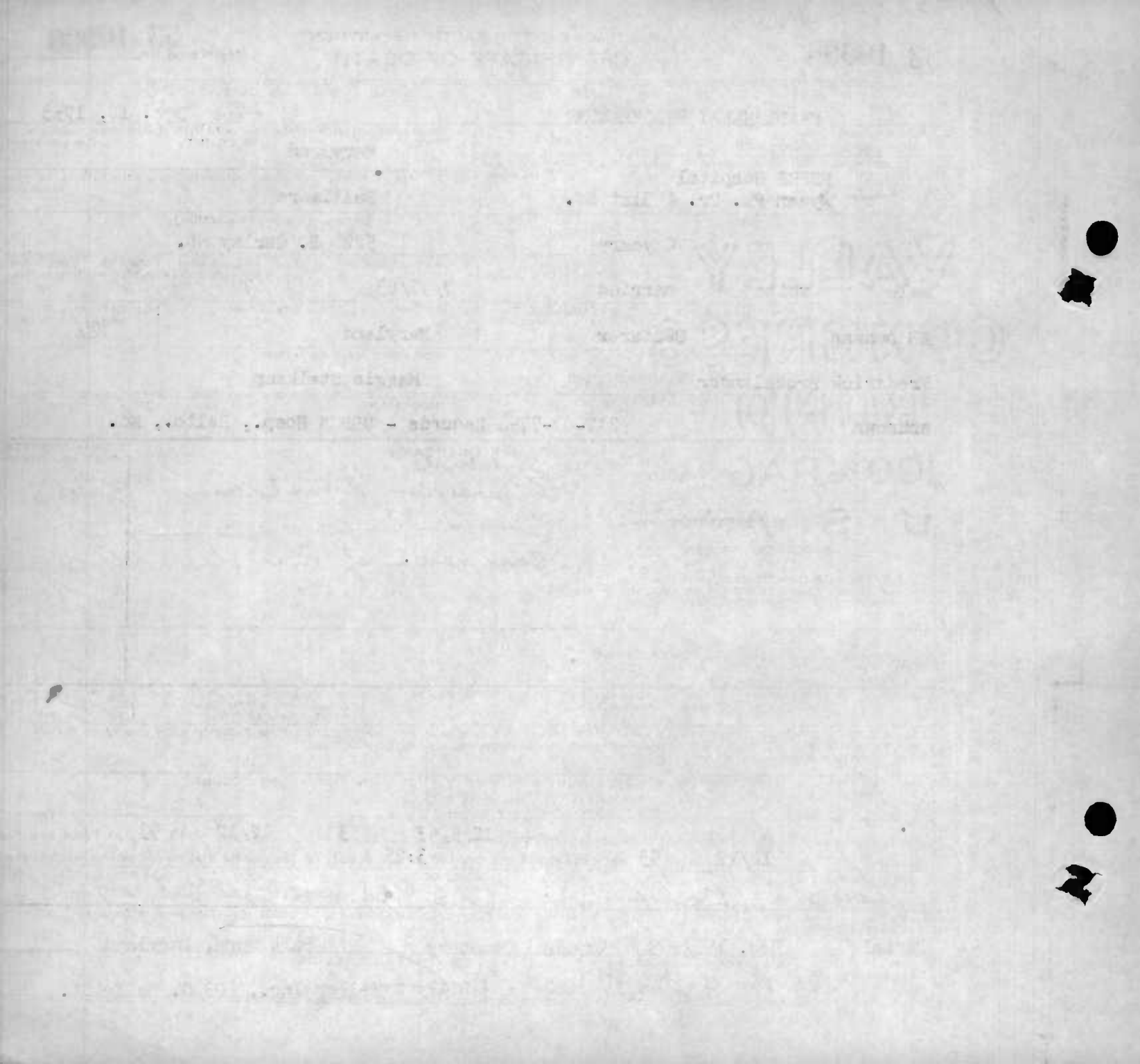
14. [Illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

13-624		BALTIMORE CITY HEALTH DEPARTMENT		53 10990	
53 10990		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		FRANK HENRY BROCKLANDER		Dec. 12, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION USPHS Hospital Wyman Pk. Dr. & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		B. COUNTY	
c. Length of stay in Baltimore 70 years		D. STREET ADDRESS (If rural, give location) 522 S. Curley St.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7/30/83	9. AGE (In years last birthday) 70	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AB seaman		10B. KIND OF BUSINESS OR INDUSTRY Seafarer		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Frederick Brocklander		14. MOTHER'S MAIDEN NAME Maggie Stalkamp		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) unknown		16. SOCIAL SECURITY NO. 217-07-7754		17. INFORMANT Records - USPHS Hosp., Balto., Md.	
18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Bilateral Pulmonary Congestion & Edema DUE TO Carcinoma of Prostate INTERVAL BETWEEN ONSET AND DEATH 5 days 5 years					
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 27		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/5/53, 1953, to 12/12, 1953 that I last saw the deceased alive on 12/12, 1953, and that death occurred at 3:25 Am., from the causes and on the date stated above.					
23A. SIGNATURE Louis E. Richmond		23B. ADDRESS U.S. P.H.S. Hosp. Balto., Md.		23C. DATE SIGNED 12/13/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 15, 1953		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Lilly & Zeiler Inc., 403 S. Wolfe St.		24H. ADDRESS			



F. 623

53 10991

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10991

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDERICK V. FURST, Sr.

2. DATE
OF
DEATH

DEC. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

5109 ST GEORGES AVENUE

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE 27-10

D. STREET ADDRESS (If rural, give location)

5109 ST. GEORGES AVENUE - 12

c. Length of stay in Baltimore

85 years

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

MARCH 2, 1868

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PRINTER

10B. KIND OF BUSINESS OR
INDUSTRY

PRINTING

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

JOSEPH FURST

14. MOTHER'S MAIDEN NAME

SOPHIA HEMLING

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

X

16. SOCIAL
SECURITY NO.

212-16-5333

17. INFORMANT

ADDRESS

Mary A. Furst, 5109 St. Georges Av.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

10-2-53

ANTECEDENT CAUSES

DUE TO

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2-53 to 12-13, 1953, that I last saw the
deceased alive on 12-11, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Anthony F. Carozza, M. O.

23B. ADDRESS

5217 YORK Rd.

23C. DATE SIGNED

12/14/53.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 16 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 14 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Henry M. Jenkins & Sons

ADDRESS

8495 York Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

10001

10001



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-524 CERTIFICATE CORRECTED 12-21-53				BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 10992	
53 10992							
BIRTH NO.							
1. NAME OF DECEASED (Type or Print) Mr. Frank Ingellis					2. DATE OF DEATH December 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore 2			
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2 3-02			
c. Length of stay in Baltimore 13 Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 103 S. Exeter Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) (Married) Divorced		8. DATE OF BIRTH July 24 1897	9. AGE (In years last birthday) 56	10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10B. KIND OF BUSINESS OR INDUSTRY Ingellins' Bar		11. BIRTHPLACE (State or foreign country) Turi Bari Italy		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Vitomarino Ingellis (218-32-5526)				14. MOTHER'S MAIDEN NAME Maria Carenza			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 218-32-5526		17. INFORMANT ADDRESS Victor Marino Ingellis 2100 E. Fayette St			
18. 420.1 CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) Coronary artery occlusion			
ANTECEDENT CAUSES				(B) Arteriosclerotic cardiovascular			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from December 12, 1953 to December 12, 1953 that I last saw the deceased alive on December 12, 1953 and that death occurred at 12:05 p.m. , from the causes and on the date stated above.							
23A. SIGNATURE J. Huntington Williams, M.D.				23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED Dec. 12, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 15 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) 4430 Beale Rd. Balt. Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR Charles Decker Noel		ADDRESS 322 S. High St	

NAME _____ BODY TAKEN BY _____

ADDRESS _____

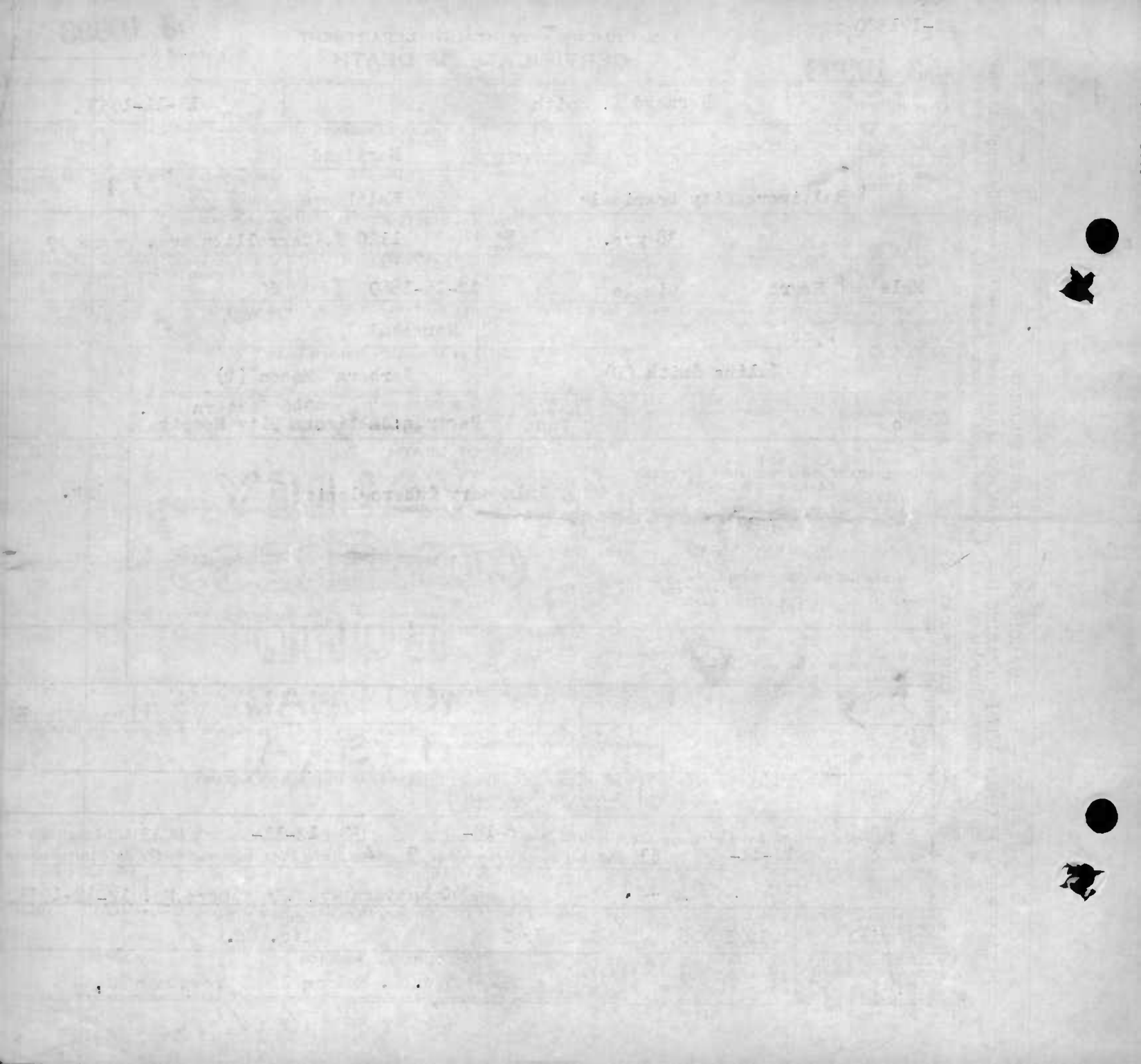
DATE _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-171320
53-530
53 10993
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10993
Registered No.

1. NAME OF DECEASED (Type or Print) Bernard A. Smith			2. DATE OF DEATH 12-11-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 38 yrs.			D. STREET ADDRESS (If rural, give location) 1120 N. Carrollton Ave. zone 17		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-18-1889	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Julius Smith (D)			14. MOTHER'S MAIDEN NAME Barbara Mason (D)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT 4940 Eastern Ave.			ADDRESS Records: Baltimore City Hospitals		
18. 002X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO INTERVAL BETWEEN ONSET AND DEATH 1yr.					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 6-18-		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-18- , 19 53 , to 12-11- , 19 53 that I last saw the deceased alive on 12-11- , 19 53 , and that death occurred at 9 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Stephen Ben</i>		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 12-12-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/15/53		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Balto. Md.					
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.	
VS 150		<i>Geo. G. Kelson</i>			



J-250
53 10994BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10994
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMILY

JACKSON

2. DATE
OF
DEATH

December 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2410 Arunah Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4//1877

9. AGE (in years
last birthday)

76

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Ellison

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Carrie Sneed 2410 Arunah Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Dec. 11, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/15/53

24C. NAME OF CEMETERY OR CREMATORY

Vanceboro, N. C.

24D. LOCATION (City, town, or county)

Vanceboro, N. C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 14 1953

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

Geo. G. Kelson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

js

10001

STAGE NO. 1700111111

NO. 1700111111



CERTIFICATE CORRECTED
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

12-21-53

Registered No. **53 10995**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**RICHARD W. COOK**2. DATE
OF
DEATH**12-13-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**MD.****Baltimore**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE**5300**

D. STREET ADDRESS (If rural, give location)

6821 LIBERTY RD #7B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**MARYLAND GENERAL HOSP.**

C. Length of stay in Baltimore

LIFE (78)Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

DEC. 19 18749. AGE (in years
last birthday)**78**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY**RET.**

11. BIRTHPLACE (State or foreign country)

BALTO12. CITIZEN OF
WHAT COUNTRY?**U.S.**

13. FATHER'S NAME

J. GLENN COOK

14. MOTHER'S MAIDEN NAME

AGNES WALTER15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

BROTHER18. **450.0 and E904.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **TOXEMIA**

DUE TO

1/2 M.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) **DECUBITUS CHANGES**

DUE TO

(C) **ARTEROSCLEROSIS**

CERTIFICATION APPROVED BY

M.D.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CHIEF OR ASST. MEDICAL EXAMINER.

FRACTURED LEFT FEMUR**1 1/2 M.**

19A. DATE OF OPERATION

10-28-53

19B. MAJOR FINDINGS OF OPERATION

FRACTURED LEFT FEMUR.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)**Nursing Home**21C. WHERE DID (If in Baltimore City, give exact location).
INJURY OCCUR? **Nursing Home 4515 Garrison Blvd.**21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY**10-26-53**

21E. INJURY OCCURRED

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

He slipped and fell22. I hereby certify that I attended the deceased from **10/26, 1953** to **12/13, 1953** that I last saw the
deceased alive on **12/13, 1953** and that death occurred at **1:05 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John A. Imbruglia M.D.**Ind. General Hospital****12-13-53**24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

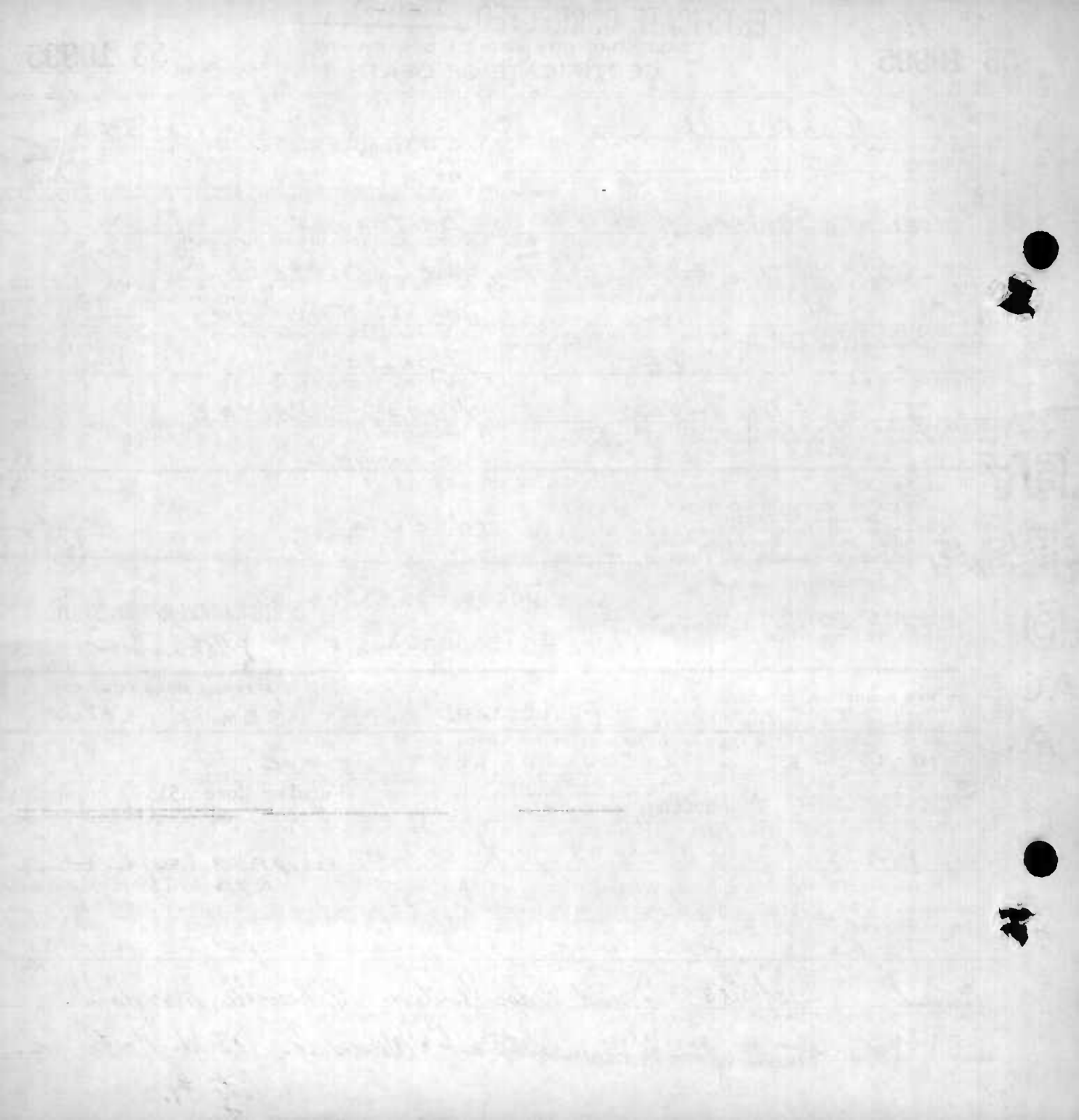
25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1953**Huntington Williams, Stewart & Mowen Co., 108 W. North Ave.**

VS 150

N821.0**City #1.**



53 10996

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10996

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur Koppelman

2. DATE
OF
DEATH

Dec-12-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4325 Wickford

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. 13 Balto City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

at home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4325 Wickford Rd

c. Length of stay in Baltimore

1 day

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb 22-1870

9. AGE (In years last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insurance

10B. KIND OF BUSINESS OR INDUSTRY

Gen'l Insurer

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Mrs. George Koppelman

14. MOTHER'S MAIDEN NAME

Elizabeth S. Fritz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Mrs. Mary F. Kneiffel - Balto.

18. HX

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Missing aneurysm, abdominal 4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis 25 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to 1953, that I last saw the deceased alive on Dec 11, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. Kneiffel

23B. ADDRESS

1101 N. Calvert St.

23C. DATE SIGNED

Dec 14, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Dec 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

Linnell Park

24D. LOCATION (City, town, or county)

Petersville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Lewis W. Moore

ADDRESS

108 W. North Ave.

35 10387

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

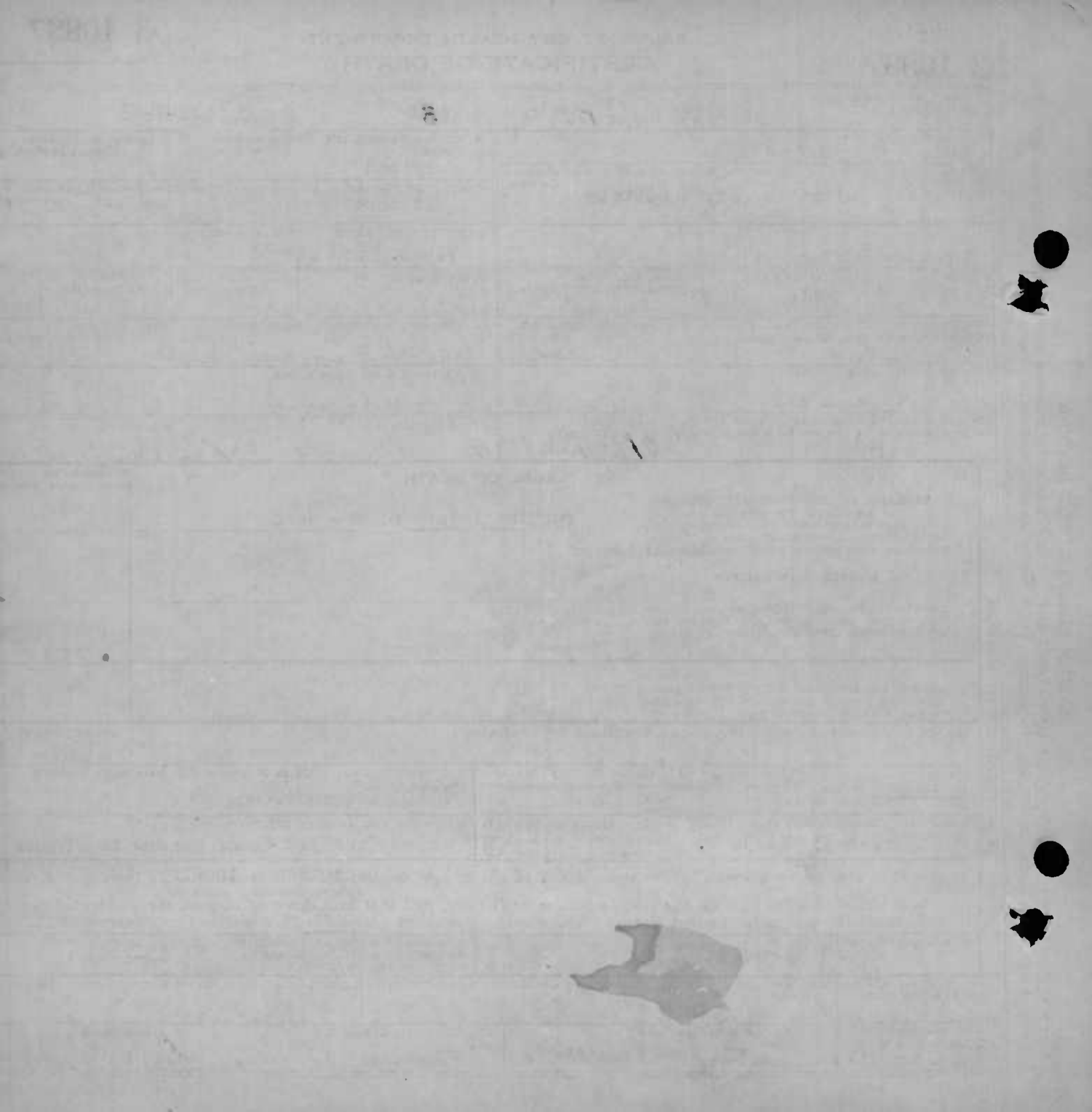
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10997

Registered No.

53 10997

1. NAME OF DECEASED (Type or Print) NICK Grbo		2. DATE OF DEATH 12-7-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 33 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 725 S. Bond Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 6, 1891
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Computer	11. BIRTHPLACE (State or foreign country) Czechoslovakia
10B. KIND OF BUSINESS OR INDUSTRY Bldg. Trade		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-10-8508A	
17. INFORMANT M. Vurek		ADDRESS 725 S. Bond St.	
18. E978X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Crushing Injury of the Head CAUSE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hospital	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 4940 Eastern Avenue		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-6-53 11:30 P.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? jumped from 3rd floor window to ground	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE [Signature]		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/> M.D.	
23C. DATE SIGNED 12-7-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/14/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR James N. Lyons	ADDRESS 3013 Echelon



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-200
53 10998

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10998

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dora Mack

2. DATE
OF
DEATH

Dec. 12/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 420 S. Drew St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE B. COUNTY
420 S. Drew St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

C. Length of stay in Baltimore

life Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
420 S. Drew St. 24

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 30, 1883

9. AGE (In years last birthday)

70

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adam Hamer

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT ADDRESS
Mr. John Mack 420 S. Drew St. 24

18. 170X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Coronary Embolism

INTERVAL BETWEEN ONSET AND DEATH

36 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary R. Branch

6 mo

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5-53, 19, to Dec 12-53, 19, that I last saw the deceased alive on Dec 10th, 1953, and that death occurred at 6⁴⁵ A.M., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Hermann M. D.

23B. ADDRESS

1710 E 33rd St

23C. DATE SIGNED

12-14-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 15/53

24C. NAME OF CEMETERY OR CREMATORY

Entombment, Lorraine Cem

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 14 1953

REGISTRAR'S SIGNATURE

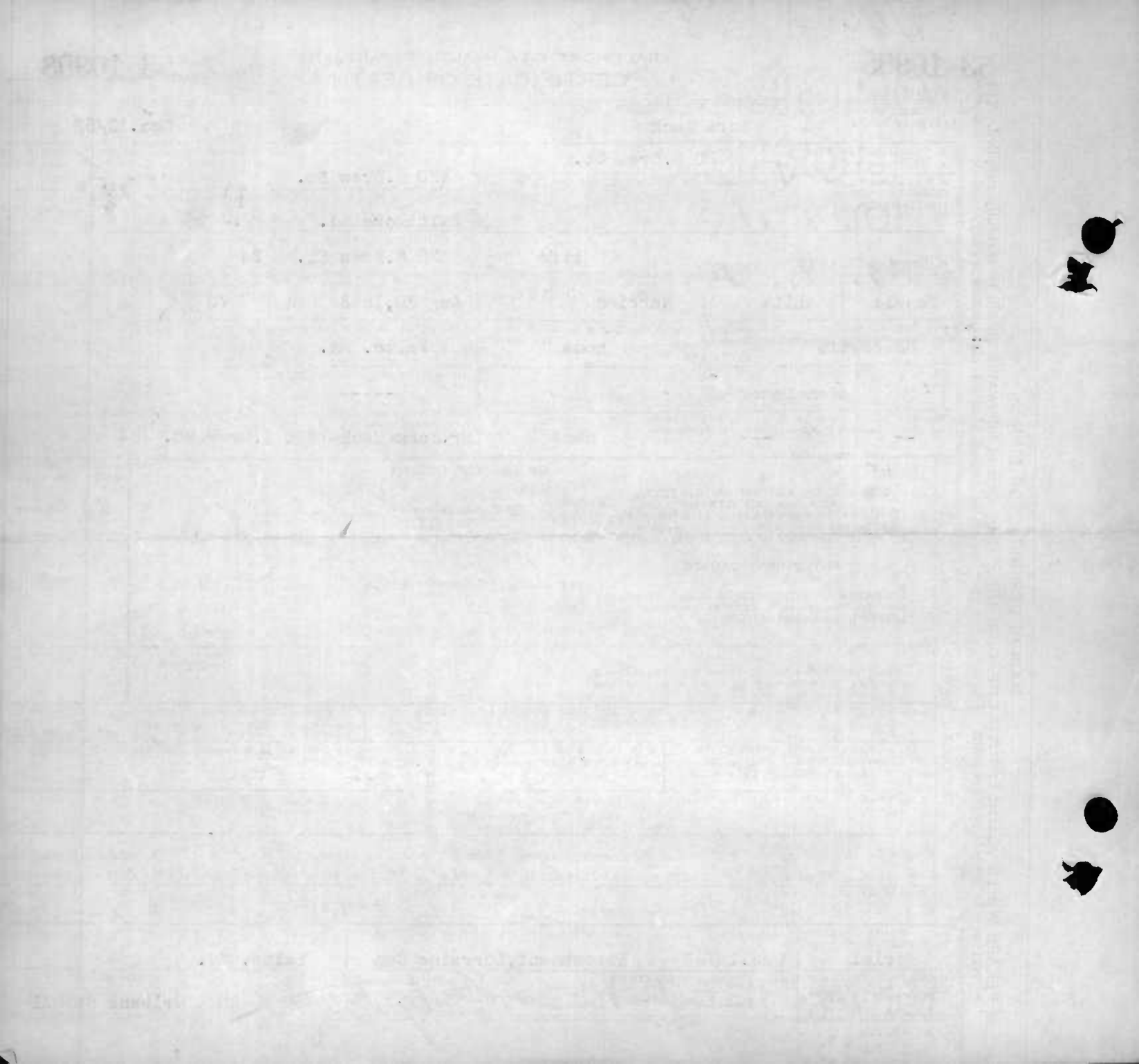
Huntington Williams

25. FUNERAL DIRECTOR

Phil's Hearing

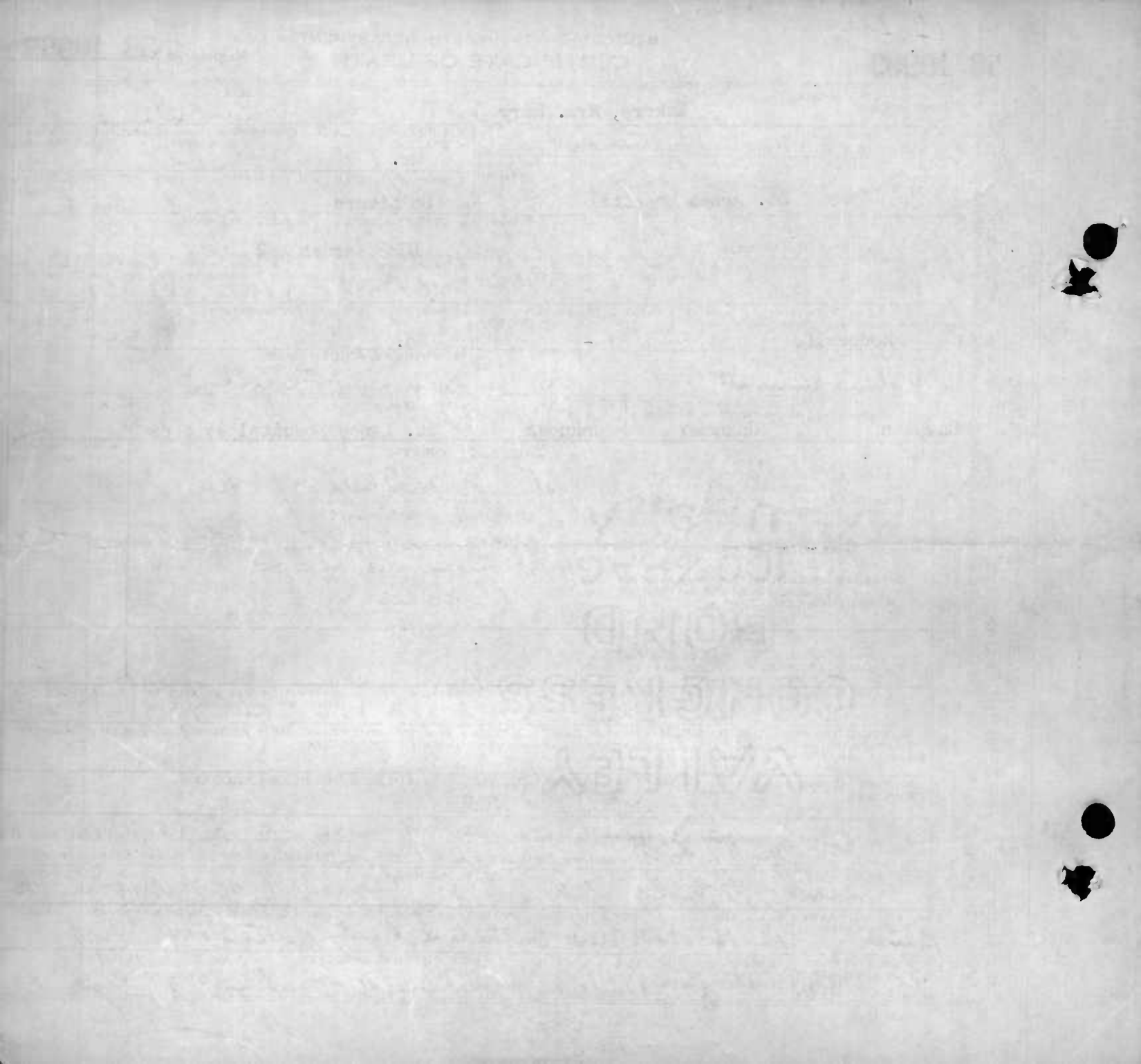
ADDRESS

2024 Orleans St 31



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 10999	
1. NAME OF DECEASED (Type or Print) Eakers, Mrs. Mary C.				2. DATE OF DEATH 12/13/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. 40 Mos. 10 Days 01				D. STREET ADDRESS (If rural, give location) 1023 Warden #2	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 19, 1906	9. AGE (In years last birthday) 47	10. Under 1 Year Months: 3 Days: 23
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Kinnitt			14. MOTHER'S MAIDEN NAME Catherine Farrell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT ADDRESS St. Agnes Hospital Records		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Thrombophlebitis of the pelvic veins. ANTECEDENT CAUSES arteriosclerotic cardiovascular disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Uremia.				CAUSE OF DEATH Thrombophlebitis of the pelvic veins. arteriosclerotic cardiovascular disease Uremia.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 9, 1953 , to Dec. 13, 1953 , that I last saw the deceased alive on Dec. 12, 1953 , and that death occurred at 7:20 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE Bench Ochoa U.S. M. D.				23B. ADDRESS St. Agnes Hospital	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-16-1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery Baltimore	
24D. LOCATION (City, town, or county) (State) Md.		25. FUNERAL DIRECTOR ADDRESS Edmer W. Bouckin 924 E. Eager St.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11000

BIRTH NO. 53 110002		1. NAME OF DECEASED (Type or Print) <i>Mary M. Casper</i> <i>Maryanna Kgsprzak</i>		2. DATE OF DEATH <i>Dec 12-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <i>1831 Gough St.</i>		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) <i>Balto 2-02</i>			
C. Length of stay in Baltimore <i>45 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1831 Gough St.</i>			
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Mar 1884</i>	9. AGE (In years last birthday) <i>69</i>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (State or foreign country) <i>Poland.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Micholajczyk</i>		14. MOTHER'S MAIDEN NAME <i>Martha</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>218-03-5879A</i>		17. INFORMANT ADDRESS <i>Josephine Porcella 1831 Gough St</i>	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral hemorrhage</i>		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arterio-sclerosis - generalized - years with hypertension</i>		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 24, 1953</i> , to <i>Dec. 12, 1953</i> , that I last saw the deceased alive on <i>Dec. 12, 1953</i> , and that death occurred at <i>3:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Signmund R. Nowak</i>		23B. ADDRESS <i>408 S. Patterson Park Ave.</i>		23C. DATE SIGNED <i>Dec. 14, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>DEC 16 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>HOLY ROSARY CEM.</i>	24D. LOCATION (City, town, or county) (State) <i>GERMAN HILL RD MD</i>		
DATE RECEIVED BY <i>DEC 14 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>W. L. Appel</i>		ADDRESS <i>1800 E LOMBARD ST</i>	

